

1 30/10/52
Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1951

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PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report for the year 1951.

The Report has been prepared in accordance with Circular No. 42/51 issued by the Ministry of Health. It includes the principal vital statistics of the County for 1951 and gives details of the work of the County Health Department during the year. In view of the especial need for economy at the present time an effort has been made to keep it as short as possible, while retaining the essential characteristics of previous years.

The population of the Administrative County at the 1951 Census was 1,351,963. The Registrar-General's estimate of the population at mid-year 1951 gave the slightly higher figure of 1,355,700, but even this shows a check to the steady increase of past years, and represents a decrease of 2,810 when compared with the estimated population at mid-year 1950, which was 1,358,510.

There was a further fall in the birth rate to 13.16 per thousand population. This figure is now very little above the lowest recordings of twenty years ago. The general death rate increased from 10.41 per thousand population in 1950 to 11.15 per thousand in 1951. With the gradual shifting of the age distribution of the population it is only to be expected that deaths associated with senile conditions will become more prominent, and there has been a slight increase in deaths from circulatory and respiratory diseases. There has, however, been another welcome fall in the number of deaths attributed to tuberculosis, both in the pulmonary and non-pulmonary forms.

A further decline took place in the infantile mortality rate, the figure for which was 21.75 per thousand live births, the lowest figure ever recorded in Surrey. The greatest reduction in this connection has taken place within the age group 4 weeks to 12 months. The neo-natal (up to 4 weeks) mortality rate is much more resistant, and an attack on this rate is one of the important undertakings of the future. A problem closely associated with this is the still birth rate, which during recent years has not shown any material improvement. Both of these problems are largely matters of ante-natal care and good midwifery. The higher rate of infant mortality in the rural areas as compared with the urban areas which had persisted over a number of years and for which an explanation was not very evident, was reversed this year, and these areas showed an advantage over the urban areas. The maternal mortality rate of 0.49 per thousand live and still births was a new low record, and represents a remarkable figure when compared with the relatively high rates of only a few years ago.

The most important administrative change during the year was the re-organisation of the Home Nursing and Domiciliary Midwifery services on a divisional basis. This transition took place smoothly with the co-operation of the County Nursing Association and the District Nursing Associations. The various District Nursing Associations are still in a position to render valuable assistance to the domiciliary nursing services, and it is hoped that as many as possible will continue to function under the new system. General nursing visits continued to increase, and the maintenance of an adequate establishment of district nurses was an ever present difficulty. The provision of adequate and suitable accommodation for nurses is an important aspect of the problem of attracting and retaining staff and will have to receive close attention in the future.

Not only was the mortality from tuberculosis lower but there was also a decrease in the actual number of notifications. Approximately one-fifth of the new cases were discovered through mass radiography. Although mass radiography contributes to the ascertainment of new cases and thus adds to the notification rate, eventually it should help to diminish incidence by reducing the number of unrecognised infectious cases. Attention should be drawn once again to the considerable number of cases which are not notified until after death. Every case unrecognised during life is a potential reservoir of infection. A feature of this group is the high proportion of cases over the age of 65. The relatively high incidence of unrecognised tuberculosis in old people, especially in males, is borne out by mass radiography returns. It is therefore important that doctors should always be on the look out for evidence suggestive of tuberculosis in the elderly and should take steps to have such cases fully investigated. Attention is drawn to the excellent work being done by the voluntary Tuberculosis Care Committees in the County.

Of the common infectious diseases, diphtheria and scarlet fever are now becoming insignificant causes of mortality. The number of young children immunized against diphtheria was well maintained. Immunization against diphtheria is still very necessary, and it is important that the increasing rarity of the disease should not lull parents into a false sense of security. Measles and whooping cough are still important causes of morbidity and mortality. It was decided towards the end of the year that a scheme for immunization against whooping cough should be introduced. The appearance of acute poliomyelitis in frequently recurring outbreaks is a new feature in the epidemiology of this country.

The ambulance service is now settling down into a well knit organisation with its own *esprit de corps*. An outstanding feature is the way in which the County service and the voluntary bodies work together in the happiest relationship. The personnel, however, have in many instances to work under very difficult conditions, and although the situation is gradually improving, progress towards the development of adequate ambulance stations is still very slow. Great efforts were made in various directions to reduce the volume of ambulance work, which had been steadily increasing since the inception of the new service, and there was, in fact, a decrease in the number of patients carried and the total mileage covered. Marked economies have been achieved where certain hospitals have taken energetic action to organise a transport check system. Other hospitals have not yet found it possible to control and co-ordinate their demands, no doubt owing to their own internal difficulties.

In conclusion, I wish to express my very great appreciation of the loyalty and willingness of all members of my staff throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and
School Medical Officer.*

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

No changes affecting the area of the Administrative County or the boundaries of the County Districts took place during the year.

Population.

The population of the Administrative County at the 1951 Census was 1,351,963, and the Registrar-General's estimate of the population at mid-year 1951 was 1,355,700, a decrease of 2,810 over the comparable figure for mid-year 1950.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1947-1951 is shown in the following table :—

	1947.	1948.	1949.	1950.	1951.
Urban Districts... ..	1,167,410	1,182,520	1,192,800	1,211,720	1,204,700
Rural Districts	136,720	142,380	144,460	146,790	151,000
Administrative County	1,304,130	1,324,900	1,337,260	1,358,510	1,355,700
Increase or decrease over previous year ...	+34,880	+20,770	+12,360	+21,250	-2,810

The population of each Sanitary District at the 1921 and 1931 Censuses and at the 1951 Census, together with the Registrar-General's mid-year 1950 and 1951 estimates, is shown in the following table :—

DISTRICTS	Area in statute acres (land and inland water)	POPULATION										Censal increase or decrease 1931—1951 (Persons)		Registrar- General's Estimate (Mid-year) 1950.	Registrar- General's Estimate (Mid-year) 1951.
		1921			1931			1951			Numbers	Percentage Increase or decrease.			
		Persons	Males	Females	Persons	Males.	Females.	Persons.	Males.	Females.					
Urban.															
1. Banstead	12,821	12,468	5,523	6,945	18,734	8,536	10,198	33,526	15,224	18,302	+14,792	+79.0	32,880	33,220	
2. Barnes (M.B.)	2,519	34,299	15,008	19,291	42,440	18,638	23,802	40,558	18,146	22,412	—1,882	—4.4	41,150	40,620	
3. Beddington and Wallington (M.B.)	3,045	16,451	7,196	9,255	26,328	12,030	14,298	32,751	15,094	17,657	+6,423	+24.4	32,890	32,650	
4. Carshalton	3,346	13,873	6,064	7,809	28,586	12,988	15,598	62,804	29,455	33,349	+34,218	+119.7	62,150	61,730	
5. Caterham and Warlingham	8,233	17,108	8,317	8,791	21,774	10,830	10,944	31,290	15,410	15,880	+9,516	+43.7	30,980	31,520	
6. Chertsey	9,983	14,939	7,083	7,856	16,988	8,283	8,705	31,029	14,975	16,054	+14,041	+82.7	31,400	31,400	
7. Coulsdon and Purley	11,143	23,115	9,596	13,519	39,795	17,325	22,470	63,770	28,520	35,250	+23,975	+60.2	64,490	64,200	
8. Dorking	9,511	13,207	5,926	7,281	15,204	6,939	8,265	20,252	9,263	10,989	+5,048	+33.2	19,780	20,020	
9. Egham	9,350	14,496	6,680	7,816	17,196	8,030	9,166	24,515	11,504	13,011	+7,319	+42.6	24,920	25,370	
10. Epsom and Ewell (M.B.)	8,427	22,953	10,722	12,231	35,231	15,762	19,469	68,049	31,391	36,658	+32,818	+93.2	68,460	68,010	
11. Esher	14,847	27,540	12,365	15,175	32,407	14,577	17,830	51,217	23,323	27,894	+18,810	+58.0	51,500	51,210	
12. Farnham	9,039	17,360	8,030	9,328	19,005	8,725	10,280	23,911	10,905	13,006	+4,906	+25.8	24,220	24,080	
13. Frimley and Camberley	7,768	13,676	6,807	6,869	16,532	8,572	7,960	20,376	10,561	9,815	+3,844	+23.3	22,330	21,000	
14. Godalming (M.B.)	2,393	10,856	5,285	5,571	10,940	4,971	5,969	14,239	6,574	7,665	+3,299	+30.2	14,860	15,030	
15. Guildford (M.B.)	7,184	27,734	12,961	14,773	34,237	15,836	18,401	47,484	21,526	25,958	+13,247	+38.7	47,100	47,280	
16. Haslemere	5,751	8,195	3,218	4,977	9,168	3,685	5,483	11,992	5,137	6,855	+2,824	+30.8	12,100	11,930	
17. Kingston-upon-Thames (M.B.)	1,408	39,514	18,203	21,311	39,825	18,681	21,144	40,168	18,430	21,738	+343	+0.9	41,950	39,920	
18. Leatherhead	11,187	11,233	5,207	6,026	16,483	7,704	8,779	27,203	12,625	14,578	+10,720	+65.0	27,990	28,030	
19. Malden and Coombe (M.B.)	3,164	14,495	6,577	7,918	23,350	10,636	12,714	45,559	21,082	24,477	+22,209	+95.1	44,830	45,640	
20. Merton and Morden	3,237	17,532	8,249	9,283	41,227	19,751	21,476	74,602	35,250	39,352	+33,375	+81.0	75,790	74,140	
21. Mitcham (M.B.)	2,932	35,122	16,912	18,210	56,872	27,825	29,047	67,273	32,414	34,859	+10,401	+18.3	67,430	67,010	
22. Reigate (M.B.)	10,255	31,733	14,107	17,626	34,547	15,558	18,989	42,234	19,099	23,135	+7,687	+22.3	42,030	42,220	
23. Richmond (M.B.)	4,109	37,105	15,895	21,210	39,276	17,188	22,088	41,945	18,897	23,048	+2,669	+6.8	42,410	41,940	
24. Surbiton (M.B.)	4,709	20,149	8,788	11,361	30,178	13,667	16,511	60,675	28,415	32,260	+30,497	+101.1	61,230	61,090	
25. Sutton and Cheam (M.B.)	4,338	29,733	13,269	16,464	48,363	22,065	26,298	80,664	36,885	43,779	+32,301	+66.8	81,110	79,520	
26. Walton and Weybridge	9,052	21,634	9,273	12,361	25,658	11,339	14,319	38,091	17,693	20,398	+12,433	+48.5	38,440	38,180	
27. Wimbledon (M.B.)	3,212	61,405	28,879	32,526	59,515	25,999	33,516	58,158	25,716	32,442	—1,357	—2.3	58,650	58,430	
28. Woking	15,708	31,693	14,426	17,267	36,000	16,458	19,542	47,612	22,373	25,239	+11,612	+32.3	48,650	49,310	
Totals	198,671	639,618	290,568	349,050	835,859	382,598	453,261	1,201,947	555,887	646,060	+366,088	+43.8	1,211,720	1,204,700	
Rural.															
1. Bagshot	16,083	9,878	4,856	5,022	11,080	5,599	5,481	14,096	6,796	7,300	+3,016	+27.2	14,270	14,290	
2. Dorking and Horley	53,943	16,042	7,308	8,734	18,492	8,791	9,701	25,809	12,276	13,533	+7,317	+39.6	25,940	26,120	
3. Godstone	52,507	23,196	10,585	12,611	25,866	11,931	13,935	32,815	15,300	17,515	+6,949	+26.9	32,210	32,970	
4. Guildford	59,782	27,574	14,046	13,528	31,547	15,848	15,699	45,458	22,254	23,204	+13,911	+44.1	43,020	45,790	
5. Hambledon	68,175	22,310	10,658	11,652	24,926	11,791	13,135	31,838	14,763	17,075	+6,912	+27.7	31,350	31,830	
Totals	250,490	99,000	47,453	51,547	111,911	53,960	57,951	150,016	71,389	78,627	+38,105	+34.0	146,790	151,000	
Administrative County	449,161	738,618	338,021	400,597	947,770	436,558	511,212	1,351,963	627,276	724,687	+404,193	+42.6	1,358,510	1,355,700	

Housing.

NEW HOUSES.

I am indebted to the Clerks of the Local Authorities for the information contained in the following table regarding the number of houses erected in each sanitary district during 1951, the number in course of erection at the end of the year, and the number of inhabited houses on the rate books at 31st December, 1951. Included in these figures are houses re-erected after destruction by enemy action and buildings converted into flats.

SANITARY DISTRICT	By Local Authorities under assisted schemes.		Houses erected in the district by other Local Authorities.	By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1951.
	Houses erected during year 1951.	Houses in course of erection at end of 1951.		Houses erected during year 1951.	Houses in course of erection at end of 1951.	Houses erected during year 1951.	Houses in course of erection at end of 1951.	Houses erected during year 1951.	Houses in course of erection at end of 1951.	
URBAN										
1 Banstead	160	252	—	48	24	—	—	208	276	9,426
2 Barnes (M.B.)	38	29	—	29	22	—	—	67	51	11,000
3 Beddington and Wallington (M.B.)	53	64	—	10	4	—	—	63	68	9,553
4 Carshalton	106	186	—	13	5	—	—	119	191	16,749
5 Caterham and Warlingham	58	40	—	15	17	—	22	73	79	7,786
6 Chertsey	135	45	—	22	14	—	—	157	59	7,436
7 Coulsdon and Purley	115	125	—	120	28	—	—	235	153	18,071
8 Dorking	32	54	—	18	12	—	—	50	66	5,365
9 Egham	105	155	—	13	18	—	—	118	173	6,660
10 Epsom and Ewell (M.B.)	111	48	—	37	26	—	—	148	74	17,769
11 Esher... ..	106	176	—	48	69	—	—	154	245	15,256
12 Farnham	80	24	—	17	9	—	—	97	33	7,238
13 Frimley and Camberley	146	114	—	55	35	—	—	201	149	4,573
14 Godalming (M.B.)	61	46	—	14	5	—	—	75	51	4,139
15 Guildford (M.B.)	253	263	—	70	43	—	—	323	306	12,991
16 Haslemere	40	28	—	17	7	—	—	57	35	3,060
17 Kingston-on-Thames (M.B.)	12	120	—	18	21	—	—	30	141	11,520
18 Leatherhead	111	99	—	34	88	16	—	161	187	7,880
19 Malden and Coombe (M.B.)	89	59	—	19	20	—	—	108	79	13,870
20 Merton and Morden	77	206	—	4	5	—	—	81	211	22,037
21 Mitcham (M.B.)	337	238	—	19	9	—	—	356	247	18,520
22 Reigate (M.B.)	216	112	—	71	44	—	—	287	156	11,990
23 Richmond (M.B.)	77	42	—	44	20	—	—	121	62	11,235
24 Surbiton (M.B.)	94	328	40	31	34	—	—	165	362	17,700
25 Sutton and Cheam (M.B.)	101	151	—	38	32	—	—	139	183	25,241
26 Walton and Weybridge	144	92	—	70	44	—	—	214	136	11,529
27 Wimbledon (M.B.)	7	74	—	37	24	—	—	44	98	15,800
28 Woking	142	224	111	62	54	—	—	315	278	11,949
Totals	3,006	3,394	151	993	733	16	22	4,166	4,149	336,343
RURAL.										
1 Bagshot	89	23	—	22	18	—	—	111	41	4,188
2 Dorking and Horley	96	76	—	49	64	—	—	145	140	7,588
3 Godstone	135	128	—	26	31	—	—	161	159	9,200
4 Guildford	178	78	62	29	26	4	—	273	104	12,885
5 Hambledon	100	94	4	51	19	—	—	155	113	9,058
Totals	598	399	66	177	158	4	—	845	557	42,919
Administrative County	3,604	3,793	217	1,170	891	20	22	5,011*	4,706†	379,262

* Includes 70 dwellings provided for agricultural workers.

† Includes 25 dwellings in course of erection for agricultural workers.

RURAL HOUSING.

The position of the housing survey of the Rural Districts on the 31st December, 1951, was as follows :—

Rural District.	(a) Total No. of houses included in survey.	(b) No. of houses surveyed and classified.	(c) Classification of Houses in (b).				(d) No. of houses surveyed but not yet classified.
			Satis- factory in all respects.	Minor Defects.	Requiring repair : structural alterations or improve- ments.	Unfit for habitation and beyond repair at a reasonable expense.	
			(1)	(2)	(3)	(5)	
Bagshot	2,000	1,990	320	417	1,086	167	—
Dorking and Horley	3,910	3,910	745	2,150	727	288	—
Godstone	4,804	4,804	1,721	927	1,796	360	—
Guildford	8,492	8,492	2,560	3,498	1,790	644	—
Hambleton	5,522	5,522	1,495	1,908	1,807	312	—
	24,728	24,718	6,841	8,900	7,206	1,771	—
		100%	27.7%	36%	29.1%	7.2%	

NOTE.—The classification Grade (4) under the original survey related to houses appropriate for reconditioning under the Housing (Rural Workers) Act. This category became obsolete when the Housing (Rural Workers) Act was repealed and has accordingly been deleted from this year's report. Houses originally classified in this grade have been reclassified in either Grade (3) or (5) as appropriate.

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1951, was £14,569,713, and the estimated produce of a 1d. rate for general County purposes for the year 1951-52 was £58,811.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1951 with the previous year and with the mean of the five years 1946-50.

	Per 1000 Population				Maternal Mortality per 1,000 Live and Still Births.	Deaths of Infants under 1 year per 1,000 Live Births.
	Birth Rate	Death Rate	Death Rate from Pulmonary Tuberculosis.	Death Rate from Malignant Disease.		
1946	18.19	10.35	0.32	1.82	1.01	27.85
1947	18.48	10.73	0.33	1.81	0.77	27.68
1948	15.79	9.70	0.34	1.77	1.08	23.94
1949	14.71	10.38	0.27	1.85	0.65	24.05
1950	13.53	10.41	0.23	1.82	0.69	21.86
Mean of 5 years, 1946-50 ...	16.14	10.31	0.30	1.81	0.84	25.08
1951	13.16	11.15	0.19	1.87	0.49	21.75
Increase or decrease in 1951 on:						
5 years' average	—2.98	+0.84	—0.11	+0.06	—0.35	—3.33
Previous year	—0.37	+0.74	—0.04	+0.05	—0.20	—0.11

1. Births and Birth Rate.

The number of live births and the birth rate for the Administrative County in 1946 and 1947 were unusually high ; the figures fell in 1948, 1949 and 1950 and have again fallen in 1951.

The live births registered in or belonging to the County during the year numbered 17,841, as compared with 18,386 in the previous year, showing a reduction of 545. The birth rate for the year was 13.16, as compared with 13.53 for the previous year. The birth rate for England and Wales for 1951 was 15.5 and for 1950, 15.8. In addition to the 17,841 live births in Surrey, there were 383 still births and the rate of still births per 1,000 live and still births was 21.02.

Of the 17,841 live births 728 or 4.08 per cent were illegitimate, as compared with 777 or 4.23 per cent in 1950.

The incidence of live births, still births and illegitimate births in recent years was as follows :—

Year.	Live births.	Live birth rate.	Still births.	Rate of still births per 1,000 live and still births.	Illegitimate births.	Percentage of total live births.
1931	13,125	13.92	441	32.5	564	4.3
1940	16,445	13.52	482	28.5	710	4.32
1941	16,011	13.47	469	28.5	1,048	6.55
1942	19,706	16.57	562	27.7	1,251	6.35
1943	20,436	17.34	571	27.2	1,420	6.95
1944	20,377	17.86	512	24.5	1,561	7.76
1945	18,676	16.03	400	21.0	1,670	8.94
1946	23,086	18.19	540	22.9	1,381	5.98
1947	24,099	18.48	525	21.3	1,102	4.58
1948	20,926	15.79	412	19.3	997	4.76
1949	19,668	14.71	399	19.9	897	4.56
1950	18,386	13.53	358	19.1	777	4.23
1951	17,841	13.16	383	21.0	728	4.08

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1951 was 15,112, as compared with 14,136 in the year 1950. The crude death rate for 1951 was 11.15, compared with 10.41 for 1950. The death rate for England and Wales was 12.5 compared with 11.6 for 1950.

3. Infant Mortality.

The number of infants under one year who died during 1951 was 388, compared with 402 in 1950. This represents an infant mortality rate of 21.75 per 1,000 live births as compared with a corresponding rate of 21.86 for the year 1950 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 29.6 in 1951, and 29.8 in 1950.

The following table gives certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey :—

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931	65.7	31.5	34.2	43.12	24.84	18.28
1939	50.6	28.3	22.3	37.61	24.60	13.01
1940	56.8	29.6	27.2	41.62	24.57	17.05
1941	60.0	29.0	31.0	44.60	26.17	18.43
1942	50.6	27.2	23.4	38.26	23.09	15.17
1943	49.1	25.2	23.9	36.70	22.36	14.34
1944	45.4	24.4	21.0	36.90	22.03	14.87
1945	46.0	24.8	21.2	34.05	22.06	11.99
1946	42.9	24.5	18.4	27.85	18.84	9.01
1947	41.4	22.7	18.7	27.68	18.22	9.46
1948	33.9	19.7	14.2	23.94	16.06	7.88
1949	32.4	19.3	13.1	24.05	16.07	7.98
1950	29.8	18.5	11.3	21.86	15.45	6.41
1951	29.6	18.8	10.8	21.75	16.31	5.44

The following table gives the births and birth rates, both live and still, the deaths and death rates, both crude and standardized,* and the infant mortality in each of the Sanitary Districts and in the Administrative County during 1951 :—

DISTRICTS	Live births.	Live birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised Death Rate.	Excess of births over deaths.	Infants dying	
									under 1 month.	1-12 months.
M.B. and Urban										
Banstead	370	11.14	9	22.75	306	9.21	8.57	64	5	2
Barnes	430	10.59	10	22.73	506	12.46	10.72	—76	10	1
Beddington and Wallington	376	11.52	12	30.93	372	11.39	10.48	4	7	2
Carshalton	758	12.28	23	29.45	538	8.72	10.90	220	15	7
Caterham and Warlingham	480	15.23	8	16.39	310	9.83	10.32	170	12	5
Chertsey	485	15.45	6	12.22	329	10.48	11.84	156	7	7
Coulsdon and Purley	782	12.18	23	28.57	739	11.51	10.59	43	14	4
Dorking	273	13.64	7	25.00	257	12.84	10.79	16	5	2
Egham	356	14.03	5	13.85	277	10.92	10.81	79	8	2
Epsom and Ewell	724	10.64	10	13.62	721	10.60	10.18	3	16	4
Esher	671	13.10	18	26.12	605	11.81	11.10	66	13	1
Farnham... ..	333	13.83	4	11.87	325	13.50	10.53	8	7	2
Frimley and Camberley	330	15.71	6	17.86	210	10.00	11.90	120	8	1
Godalming	185	12.31	3	15.96	190	12.64	11.25	—5	1	—
Guildford	629	13.30	20	30.82	548	11.59	10.78	81	8	2
Haslemere	169	14.17	2	11.70	160	13.41	11.53	9	2	1
Kingston-on-Thames	574	14.38	13	22.15	556	13.93	12.54	18	12	2
Leatherhead	381	13.59	9	23.08	306	10.92	9.94	75	2	1
Malden and Coombe	516	11.31	9	17.14	447	9.79	10.08	69	5	3
Merton and Morden	870	11.73	11	12.49	710	9.58	10.92	160	11	2
Mitcham	875	13.06	23	25.61	654	9.76	11.32	221	16	7
Reigate	557	13.19	14	24.52	551	13.05	10.44	6	9	2
Richmond	629	15.00	19	29.32	568	13.54	10.97	61	7	4
Surbiton	841	13.77	14	16.37	657	10.75	10.86	184	12	5
Sutton and Cheam	919	11.56	16	17.11	878	11.04	10.71	41	8	3
Walton and Weybridge	561	14.69	10	17.51	436	11.42	10.85	125	12	3
Wimbledon	833	14.26	14	16.53	779	13.33	10.93	54	14	3
Woking	689	13.97	7	10.06	501	10.16	9.65	188	12	4
Total	15,596	12.95	325	20.41	13,436	11.15	10.70	2,160	258	82
Rural										
Bagshot	211	14.77	7	32.11	153	10.71	10.17	58	1	—
Dorking and Horley	412	15.77	8	19.05	323	12.37	11.26	89	6	2
Godstone	459	13.92	12	25.48	350	10.59	9.11	110	8	3
Guildford	718	15.68	16	21.80	465	10.16	9.14	253	14	7
Hambleton	445	13.98	15	32.61	385	12.10	10.65	60	4	3
Total	2,245	14.87	58	25.18	1,676	11.10	9.88	570	33	15
Administrative County	17,841	13.16	383	21.02	15,112	11.15	10.59	2,730	291	97

* The standardized death rate is based on information supplied by the Registrar-General, and the effect of standardizing the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

The infant mortality rates in the urban and the rural districts respectively were 21.80 and 21.38 : the neo-natal mortality rates for the urban and the rural districts respectively were 16.54 and 14.70.

4. Maternal Mortality.

In 1951 9 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.49 per thousand live and still births. The corresponding figures for England and Wales in 1951 were 559 and 0.79 : and for Surrey in 1950 were 13 and 0.69.

The number of deaths and the death rates per 1,000 population from each of the four main causes of death in each of the sanitary districts and in the Administrative County during 1951, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

The number of deaths and the death rates per 1,000 population from each of the four main causes of death in each of the sanitary districts and in the Administrative County during 1951, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

The figures shown in brackets relate to the year 1950.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1951.

The causes of all deaths during 1951 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
All Causes	M.	6,510	187	47	49	70	306	1,713	1,872	2,266	847	34	6	5	10	39	185	242	326		
	F.	6,926	153	41	43	27	269	1,212	1,602	3,579	829	14	5	5	4	20	135	207	439		
1. Tuberculosis, Respiratory ...	M.	164	—	—	1	6	48	70	31	8	17	—	—	—	—	8	5	4	—		
	F.	74	—	—	—	5	35	22	8	4	5	—	—	—	1	1	3	—	—		
2. Tuberculosis, Other...	M.	18	—	1	6	2	4	2	2	1	—	—	—	—	—	—	—	—	—		
	F.	17	1	—	3	2	3	5	3	—	2	—	—	—	1	—	—	1	—		
3. Syphilitic Disease	M.	41	—	—	—	1	1	15	17	7	5	—	—	—	1	1	1	2	—		
	F.	22	—	—	—	—	2	5	10	5	—	—	—	—	—	—	—	—	—		
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	2	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—		
6. Meningococcal Infections ...	M.	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	2	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—		
7. Acute Poliomyelitis...	M.	2	—	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—	—		
	F.	3	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	M.	5	—	4	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—		
	F.	8	1	3	1	—	2	—	1	—	3	1	2	—	—	—	—	—	—		
9. Other Infective and Para- sitic Diseases	M.	14	—	3	—	1	2	4	3	1	1	—	—	—	—	—	—	1	—		
	F.	12	—	1	1	1	2	2	4	1	1	1	—	—	—	—	—	—	—		
10. Malignant Neoplasm, Stomach	M.	168	—	—	—	—	6	55	65	42	11	—	—	—	—	—	3	5	3		
	F.	160	—	—	—	—	6	38	45	71	16	—	—	—	—	—	2	10	4		
11. Malignant Neoplasm, Lung, Bronchus	M.	320	—	—	—	—	15	190	84	31	43	—	—	—	—	2	18	18	5		
	F.	67	—	—	—	—	5	22	20	20	8	—	—	1	—	—	3	4	—		
12. Malignant Neoplasm, Breast	M.	4	—	—	—	—	1	2	—	1	—	—	—	—	—	—	—	—	—		
	F.	258	—	—	—	—	23	115	56	64	37	—	—	—	—	3	17	9	8		
13. Malignant Neoplasm, Uterus	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F.	105	—	—	—	—	11	42	26	26	9	—	—	—	—	1	4	2	2		
14. Other Malignant and Lymphatic Neoplasms	M.	604	2	5	7	5	46	168	182	189	78	2	—	—	2	3	25	17	29		
	F.	583	1	6	2	—	25	181	180	188	68	1	—	—	—	7	23	15	22		
15. Leukæmia, Aleukemia ...	M.	30	—	2	3	2	3	8	7	5	2	1	—	—	—	—	—	1	—		
	F.	26	—	1	2	2	5	9	4	3	2	—	—	—	—	—	1	—	1		
16. Diabetes	M.	29	—	1	—	—	2	4	9	13	5	—	—	—	—	—	3	—	2		
	F.	41	—	—	—	—	2	10	11	18	3	—	—	—	—	—	1	—	2		
17. Vascular Lesions of Nervous System	M.	677	—	—	—	1	8	154	209	305	94	—	—	—	—	1	16	34	43		
	F.	1,034	—	—	—	—	7	156	268	603	148	—	—	—	—	—	25	40	83		
18. Coronary Disease, Angina...	M.	998	—	—	—	2	28	344	346	278	120	—	—	—	—	5	34	43	38		
	F.	682	—	—	—	—	5	83	251	343	88	—	—	—	—	—	7	33	48		
19. Hypertension with Heart Disease	M.	200	—	—	—	—	1	42	72	85	37	—	—	—	—	—	7	18	12		
	F.	234	—	—	—	—	2	32	65	135	35	—	—	—	—	—	3	9	23		
20. Other Heart Disease ...	M.	899	—	—	—	3	13	107	253	523	123	—	—	—	—	1	12	29	81		
	F.	1,339	1	—	—	—	15	123	232	968	180	—	—	—	—	—	15	28	137		
21. Other Circulatory Disease ...	M.	282	—	—	—	—	5	61	80	136	29	—	—	—	—	1	4	8	16		
	F.	341	—	—	—	1	6	46	77	211	30	—	—	—	—	—	4	10	16		
22. Influenza	M.	140	—	—	—	1	8	36	42	53	24	—	—	—	1	1	6	4	12		
	F.	176	—	—	2	1	10	28	34	101	17	—	—	1	—	—	7	9			

Continued overleaf

The causes of all deaths during 1951 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
23. Pneumonia	M. F.	246 334	13 10	8 12	1 2	1 —	6 9	39 32	70 73	108 196	44 27	2 1	1 —	— 1	— —	7 6	13 4	20 15			
24. Bronchitis	M. F.	427 256	7 1	2 1	3 1	— —	2 4	130 33	134 55	149 161	50 24	— —	— —	— —	1 —	7 —	22 4	20 20			
25. Other Diseases of Respira- tory System	M. F.	71 44	— —	1 1	1 2	1 —	5 4	23 12	22 6	18 19	9 9	— —	— —	— —	— —	3 1	3 4	3 4			
26. Ulcer of Stomach and Duo- denum	M. F.	105 42	— —	— —	— —	— —	7 1	36 8	39 13	23 20	12 4	— —	— —	— —	1 —	7 2	4 1	— 1			
27. Gastritis, Enteritis and Diarrhœa	M. F.	24 30	2 2	— 1	— —	— —	1 —	5 4	5 5	11 18	3 1	1 —	1 —	— —	— —	— —	— —	1 1			
28. Nephritis and Nephrosis ...	M. F.	76 70	— —	— —	1 2	2 1	5 9	21 21	26 17	21 20	8 4	— —	— —	— —	— —	5 —	2 3	1 1			
29. Hyperplasia of Prostate ...	M. F.	120 —	— —	— —	— —	— —	1 —	7 —	30 —	82 —	12 —	— —	— —	— —	— —	1 —	3 —	8 —			
30. Pregnancy, Childbirth, Abortion	M. F.	— 8	— —	— —	— —	— 1	— 7	— —	— —	— —	— 1	— —	— —	— —	— 1	— —	— —	— —			
31. Congenital Malformations ...	M. F.	74 83	34 38	2 1	4 3	6 —	9 8	14 20	4 3	1 10	9 5	7 1	— —	1 —	1 1	— 2	— 1	— —			
32. Other Defined and Ill-defined Diseases	M. F.	509 672	122 93	8 7	6 12	10 6	28 32	101 113	96 104	138 305	76 79	20 8	1 —	1 2	— 2	6 3	15 11	5 16	28 37		
33. Motor Vehicle Accidents ...	M. F.	84 38	— —	2 2	7 6	16 2	24 8	21 6	9 8	5 6	12 4	— —	1 —	— —	5 —	1 —	3 3	— 1			
34. All Other Accidents ...	M. F.	100 114	7 3	7 4	6 2	9 4	15 6	20 16	18 16	18 63	14 8	1 —	1 3	1 —	1 —	3 —	2 2	3 3			
35. Suicide	M. F.	75 48	— —	— —	1 —	— 1	12 13	33 27	16 7	13 —	6 9	— —	— —	— —	2 3	1 5	3 —	— 1			
36. Homicide and Operations of War	M. F.	3 1	— —	— —	— —	— —	— 1	1 —	1 —	1 —	1 —	— —	— —	— —	1 —	— —	— —	— —			

7. Infectious Diseases : Notifications and Deaths.

The following table shows the incidence of infectious disease in the County during the year 1951, giving the number of cases of each disease notified and the attack rate :—

Disease.	1951	
	Number of cases notified.	Attack-rate per 1,000 population.
Acute encephalitis—		
Infective	1	0.001
Post infectious	2	0.001
Acute pneumonia	989	0.73
Acute poliomyelitis—		
Paralytic	46	0.03
Non-Paralytic	11	0.01
Diphtheria	5	0.004
Dysentery	1,027	0.76
Enteric or Typhoid Fever	16	0.01
Erysipelas	135	0.10
Food poisoning	244	0.18
Measles, excluding Rubella	21,852	16.12
Meningococcal Infection	30	0.02
*Ophthalmia neonatorum	9	0.50
Paratyphoid fevers	21	0.02
†Puerperal Pyrexia	279	15.31
Scarlet Fever	1,478	1.09
Tuberculosis—Pulmonary	1,118	0.82
Non-pulmonary	155	0.11
Whooping cough	5,561	4.10

* Rate per 1,000 live births.

† Rate per 1,000 live and still births.

During the year deaths occurred from the following infectious diseases as shown :—

Measles	17 (10)
Whooping Cough	3 (5)
Diphtheria	— (1)
Influenza	357 (93)
Meningococcal infections	4 (8)
Acute Poliomyelitis	6 (14)

The figures in brackets relate to the year 1950.

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1951 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 1,118 cases of pulmonary tuberculosis and 155 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates, the deaths and the death rates for pulmonary tuberculosis and for other forms of tuberculosis in 1951 and in certain preceding years were as follows :—

Year.	PULMONARY TUBERCULOSIS				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1921	648	0.88	449	0.61	127	0.17	109	0.14
1931	802	0.85	524	0.56	194	0.21	81	0.09
1938	810	0.68	493	0.42	257	0.22	75	0.06
1939	833	0.69	484	0.40	230	0.19	87	0.07
1940	945	0.77	564	0.46	240	0.19	94	0.08
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
1942	1,097	0.92	531	0.45	272	0.23	96	0.08
1943	1,140	0.97	506	0.43	309	0.26	96	0.08
1944	1,218	1.07	474	0.42	261	0.23	75	0.07
1945	1,117	0.96	491	0.42	213	0.18	85	0.07
1946	1,056	0.91	407	0.32	188	0.15	85	0.07
1947	1,192	0.91	426	0.33	178	0.14	67	0.05
1948	1,048	0.79	445	0.34	182	0.14	58	0.04
1949	1,137	0.85	363	0.27	149	0.11	53	0.04
1950	1,147	0.84	314	0.23	187	0.14	50	0.04
1951	1,118	0.82	260	0.19	155	0.11	37	0.03

The table shows that the case-rate for pulmonary tuberculosis is slightly lower compared with 1950. The case-rate for non-pulmonary tuberculosis equals the record low rate for 1949.

The age and sex distributions of the new notifications received by the District Medical Officers of Health throughout the year are as follows :—

Age period.	Pulmonary.		Non-Pulmonary.		Totals.
	Male.	Female.	Male.	Female.	
Under one year	2	—	2	—	4
One and under 2 years	2	2	1	1	6
2 " " 5 " "	12	8	11	5	36
5 " " 10 " "	17	16	17	12	62
10 " " 15 " "	11	15	8	10	44
15 " " 20 " "	54	65	6	4	129
20 " " 25 " "	93	104	5	11	213
25 " " 35 " "	134	120	14	13	281
35 " " 45 " "	122	81	8	11	222
45 " " 55 " "	101	29	4	6	140
55 " " 65 " "	73	12	1	2	88
65 " " 75 " "	25	6	—	1	32
75 and upwards	9	5	1	1	16
Totals ... 1951	655	463	78	77	1,273
1950	657	490	83	104	1,334
1949	677	460	67	82	1,286
1948	621	427	90	92	1,230
1947	719	473	88	90	1,370
1946	631	425	92	96	1,244
1945	671	446	102	111	1,330
1944	711	507	123	138	1,479
1943	652	488	136	173	1,449

Apart from the above new notifications, during the year 452 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1950 was 475.) The transfers from other areas comprised 80 per cent. of this group but there were 91 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 91 unnotified cases were as follows :—

	In Hospitals	At Home	Total
Pulmonary tuberculosis	29	19	48
Tuberculous meningitis	5	—	5
Miliary tuberculosis	4	—	4
Genito-urinary	4	—	4
Deaths from other causes (T.B. also present) ...	15	9	24
Deaths from other causes (Arrested T.B. present)	4	2	6
	61	30	91

The age distribution of the 48 unnotified deaths from pulmonary tuberculosis was 15-24, 2 ; 25-34, 7 ; 35-44, 6 ; 45-54, 15 ; 55-64, 5 ; 65 and over, 13.

The age distribution of the 43 unnotified deaths from non-pulmonary tuberculosis and from other causes, tuberculosis being also present, was, under 5, 1 ; 5-14, 2 ; 15-24, 3 ; 25-34, 2 ; 35-44, 4 ; 45-54, 7 ; 55-64, 6 ; 65 and over, 18.

Each District Medical Officer keeps a register of the known cases of tuberculosis resident in his sanitary district. The numbers of cases on the district registers on the 31st December, 1951, were as follows :—

	Pulmonary	Non-Pulmonary
Males	5,291	946
Females	4,197	1,071
Totals ...	9,488	2,017
Grand Total ...	11,505	

The total of 11,505 is an increase of 28 as compared with the figure (11,477) for 1950. The number of pulmonary cases has risen by 199 and the non-pulmonary figure has decreased by 171. The corresponding total for 1949 was 11,193.

(b) DEATHS.

The deaths and the death rate per thousand of the population from pulmonary tuberculosis and from other forms of tuberculosis are shown in the table on page 14. The death rate for pulmonary tuberculosis (0.19) was the lowest recorded in Surrey, the previous low record being 0.23 in 1950. The death rate from non-pulmonary tuberculosis, namely 0.03, was also the lowest recorded in Surrey, the previous low record being 0.04 in 1948, 1949 and 1950.

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 11.

(c) NEW CASES AND DEATHS.

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,725. The corresponding figure for 1950 was 1,809 and for 1949 was 1,734.

Of the 297 deaths which occurred during the year 1951, 91 or 30.6 per cent. occurred in non-notified cases. The corresponding figure for the year 1950 was 90 or 24.7 per cent.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the Department are given in subsequent sections of the Report. The following matters, however, merit special attention.

(a) Capital Building Programme.

Previous capital building programmes had been submitted in respect of the financial years 1950-51 and 1951-52. As regards the former, ten projects were submitted, and seven have been approved by the Minister; as regards the latter, ten projects were submitted and two have received preliminary approval in principle.

Of the seven capital building projects approved for the 1950-51 programme which were mentioned in my last Report, work was actually commenced at the following:—

Welfare Centres and School Clinics—

1 and 3, Robin Hood Lane, Sutton (also M.D. Occupation Centre and Ambulance Station).

“Hillsleigh,” Nightingale Road, Godalming (since completed and in operation).

“Quedley,” Vicarage Lane, Haslemere (since completed and in operation).

The Mansion, Leatherhead.

Work was also commenced at Sendhurst Grange, Send, which is a Hostel for T.B. Child Contacts and B.C.G. vaccinees, and this has since been completed and the Hostel is open. This project was approved by the Minister prior to the introduction of the Capital Programme procedure.

In two of the remaining projects, considerable delay was experienced due to the national financial position and the shortage of steel. It is hoped, however, that work will be begun in 1952. The remaining project reached the stage of preparing plans and acquiring a suitable site.

The two capital building projects which received preliminary approval from the 1951-52 programme were the Clinic at Merstham and the Ambulance Station at Purley. These were included in the 1952-53 programme.

In November, the Minister again asked for particulars to be submitted of any capital building works for local health services estimated to cost more than £1,000 which the County Council proposed to carry out during 1952-53. He emphasised that new building proposals must be strictly limited to schemes of real urgency and requested that due account should be taken of the need for additional provision for mental defectives, particularly children and adolescents.

The eleven projects outstanding from the two previous programmes together with the two from the 1951-52 programme which had received preliminary approval were considered in conjunction with six new projects; in view of the urgent need for economy, the County Council decided to defer seven projects for inclusion in subsequent programmes and twelve projects were submitted to the Minister of Health in respect of the financial year 1952-53, nine of these having been previously submitted and the remaining three being new projects.

The twelve projects submitted are as follows :—

<i>Property or Area.</i>	<i>Use.</i>
†Merstham—L.C.C. Estate	Welfare Centre/School Clinic with possible group medical practice facilities. Preliminary approval for Welfare Clinic from Minister.
†Norbiton and Central Malden ("The Roselands," Kingston Road, New Malden)	Welfare Centre/School Clinic.
†St. Helier (site at Hill House)	Main Ambulance Station.
†Purley (site at "Capri," Brighton Road, Purley)	Ambulance Sub-Station. Preliminary approval from Minister.
Caterham-on-the-Hill	Welfare Centre/School Clinic.
†Banstead (Boulter's Lane)	Ambulance Sub-Station.
*"Everleigh," Station Road, Addlestone ...	Welfare Centre/School Clinic.
*Old Schools Lane, Ewell	M.D. Occupation and Training Centre.
*Grand Drive, Morden (land)	} Welfare Centre/School Clinic.
†Grand Drive, Morden (new building) ...	
South-East Mitcham	Welfare Centre/School Clinic.
Cobham	Welfare Centre/School Clinic.
*"Quedley," Vicarage Lane, Haslemere ...	Ambulance Sub-Station.

* Projects already submitted to Minister in Capital Programmes for 1950-51.

† Projects already submitted to Minister in Capital Programmes for 1951-52.

(b) County Development Plan.

The County Council is required by the Town and Country Planning Act, 1947, to submit a Development Plan to the Minister of Local Government and Planning, and the County Health Committee was asked to consider what development proposals it envisaged (a) in the next five years, and (b) in the following fifteen years. The County Health Committee decided, inter alia, that the following projects might be required in the first five years :—

Welfare Clinics.

Grand Drive, Morden ; Morden Road, Morden ; Norbiton and Central Malden area ; East and West Molesey area ; between "The Hollands" and Manor Drive, New Malden ; L.C.C. Estate, Merstham ; Victoria Road, Horley ; "Everleigh," Station Road, Addlestone ; L.C.C. Estate, West Byfleet and Sheerwater ; Church Road, Epsom ; Boulter's Lane, Banstead ; Flower Walk, Guildford.

Ambulance Stations.

Hill House, Middleston Road, St. Helier ; Botleys Park, Chertsey ; Brighton Road, Purley ; Boulter's Lane, Banstead ; Woking ; Mitcham ; Surbiton ; "Quedley," Haslemere.

Divisional Health Offices.

North-Eastern Division ; North-Central Division ; South-Western Division.

Day Nursery.

Flower Walk, Guildford.

M.D. Occupation and Training Centre.

Old Schools Lane, Ewell.

Projects which were already in hand and which were likely to be completed by March, 1952, were not included in the above. Subsequently, considering the Capital Building Programme for 1952-53, the County Health Committee decided to include in it Welfare Centres/School Clinics proposals at South-East Mitcham, Caterham-on-the-Hill and Cobham which were included in the five to twenty-year period in the County Development Plan.

(c) Staff.

(i) MEDICAL.

The actual number of assistant medical officers engaged in general clinical duties in respect of the School Health Service, the Care of Mothers and Young Children and so on at the end of the year was 30 (15 men and 15 women) as compared with an establishment of 37. Extensive use of medical

practitioners working on a sessional basis has been necessary to make up the deficiency. The award of the Industrial Court on the salaries of Assistant Medical Officers has not resulted in any improvement in the recruitment of whole-time medical officers with the necessary qualifications.

Medical officers on special duties include the County Ophthalmic Surgeon, two assistant medical officers undertaking mental deficiency work and one full-time and five part-time officers on child guidance work.

(ii) DENTAL.

The establishment of dental surgeons is one County Dental Surgeon, two orthodontists and 34 whole-time dental surgeons. At the end of the year the staff consisted of 25 full-time (including the County Dental Surgeon) and 16 part-time dental officers, the total full-time equivalent being 31 full-time officers of whom approximately 3 full-time dentists were giving service to Mothers and Young Children.

As regards other dental staff one dental technician and one apprentice technician were added to the establishment during the year bringing the staff to four technicians.

(iii) NURSING.

The actual number of nurses and midwives employed at 31st December, 1951, was as follows :—

Superintendents of Homes	...	...	...	...	...	...	...	11
District Midwives and District Nurse/Midwives	...	...	...	...	...	...	...	157
District Nurses	...	...	...	...	...	...	...	64
Part-time Nurses	...	...	...	...	...	...	...	50
Emergency relief staff	...	...	...	...	...	...	...	5
Full-time Midwives	...	...	...	...	...	...	...	28
Health Visitors (including Divisional and Tuberculosis Health Visitors)	...	...	...	...	...	...	...	185

Nursing officers on supervisory duties include a County Nursing Superintendent, deputy and three assistants, one Supervisor of Midwives, a Superintendent Health Visitor and deputy, and one assistant for the mental health services.

(iv) OTHER STAFF.

As regards other staff, no major alterations in establishment occurred during the year.

(d) Scheme of Divisional Administration.

The major development in the scheme of divisional administration during the year was the re-organisation of the Home Nursing and Domiciliary Midwifery services on a divisional basis. The decision to divisionalise these services was made after a full enquiry by a specially appointed sub-committee of the County Health Committee and after consultation with the County Nursing Association; the reason for the decision was the desirability in the public interest of the services being administered in close association with other domiciliary services (e.g. Care of Mothers and Young Children, Health Visiting and so on) for whose day-to-day administration the Divisional Health Sub-Committees are responsible. Further reference to this change is made in the appropriate section of the Report.

The geographical areas of the divisions, with their acreages, populations, child populations (divided into age groups 0—4 years and 5—14 years inclusive) and the number of births in 1951, were as follows :—

Division.	County Districts.	Acreage.	Population (Mid-year 1951).			No. of Live Births during 1951.
			Total.	0-4 years.	5-14 years.	
N.	Barnes M.B.	2,519	40,620	2,830	4,212	430
	Richmond M.B.	4,109	41,940	3,346	4,387	629
		6,628	82,560	6,176	8,599	1,059
N.E.	Merton and Morden U.D.	3,237	74,140	5,286	9,212	870
	Mitcham M.B.	2,932	67,010	5,764	8,861	875
	Wimbledon M.B.	3,212	58,430	4,595	6,440	833
		9,381	199,580	15,645	24,513	2,578
M.E.	Beddington and Wallington M.B. ...	3,045	32,650	2,532	4,082	376
	Carshalton U.D.	3,346	61,730	4,852	8,789	758
		6,391	94,380	7,384	12,871	1,134
S.E.	Banstead U.D. (part)	3,038	5,420	391	748	60
	Caterham and Warlingham U.D. ...	8,233	31,520	2,625	4,475	480
	Coulsdon and Purley U.D....	11,143	64,200	4,786	7,968	782
		22,414	101,140	7,802	13,191	1,322
N.C.	Esher U.D.	14,847	51,210	4,107	7,103	671
	Kingston-on-Thames M.B.	1,408	39,920	3,055	4,413	574
	Malden and Coombe M.B.	3,164	45,640	3,547	6,216	516
	Surbiton M.B.	4,709	61,090	4,929	8,211	841
		24,128	197,860	15,638	25,943	2,602
C.	Banstead U.D. (part)	9,783	27,800	2,005	3,839	310
	Dorking and Horley R.D. (part) ...	1,640	590	51	85	9
	Epsom and Ewell M.B.	8,427	68,010	4,517	8,445	724
	Guildford R.D. (part)	7,466	7,592	655	1,169	119
	Leatherhead U.D.	11,187	28,030	2,192	4,114	381
	Sutton and Cheam M.B.	4,338	79,520	5,750	9,903	919
		42,841	211,542	15,170	27,555	2,462
S.	Dorking U.D.	9,511	20,020	1,585	2,727	273
	Dorking and Horley R.D. (part) ...	52,303	25,530	2,194	3,693	403
	Godstone R.D.	52,507	32,970	2,502	4,776	459
	Guildford R.D. (part)	270	905	78	140	14
	Reigate M.B....	10,255	42,220	3,150	5,989	557
		124,846	121,645	9,509	17,325	1,706
N.W.	Bagshot R.D.	16,083	14,290	1,046	2,327	211
	Chertsey U.D.	9,983	31,400	2,568	5,225	485
	Egham U.D.	9,350	25,370	2,060	3,391	356
	Frimley and Camberley U.D. ...	7,768	21,000	1,726	2,782	330
	Guildford R.D. (part)	16,648	9,000	776	1,386	141
	Walton and Weybridge U.D. ...	9,052	38,180	3,200	5,399	561
	Woking U.D....	15,708	49,310	3,780	6,523	689
		84,592	188,550	15,156	27,033	2,773
S.W.	Farnham U.D.	9,039	24,080	1,824	3,290	333
	Godalming M.B.	2,393	15,030	1,084	2,336	185
	Guildford M.B.	7,184	47,280	3,459	5,938	629
	Guildford R.D. (part)	35,398	28,293	2,440	4,357	444
	Hambleton R.D.	68,175	31,830	2,578	4,902	445
	Haslemere U.D.	5,751	11,930	1,025	2,013	169
		127,940	158,443	12,410	22,836	2,205
	Surrey	449,161	1,355,700	104,890	179,866	17,841

CARE OF MOTHERS AND YOUNG CHILDREN.

The main features of the Council's scheme for the care of mothers and young children remain as in previous years.

During the year the County Health Committee gave further consideration to its policy in regard to Day Nurseries; details are given in the appropriate sub-section. Otherwise there were no major changes of policy under this section and development in accordance with the existing policy has proceeded steadily throughout the year.

(a) Notification of Births under the Public Health Act, 1936.

The following is an analysis of all births (live and still) notified during 1951 including any births registered but not notified and properly belonging to the County:—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT.										Number Born Outside Administrative County but Normally Resident within the County.			No. of Regis- tered Births (Live and Still).
	and Normally Resident Elsewhere in Surrey.					and Normally Resident Outside County of Surrey.								
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.		
M.B. and Urban.														
Banstead	73	—	1	2	—	1	1	—	—	1	30	252	21	379
Barnes... ..	107	—	—	—	—	—	—	—	—	—	9	155	175	440
Beddington and Wallington	92	—	—	2	—	—	2	—	—	—	8	269	15	388
Carshalton	222	—	456	—	—	1,628	—	—	44	—	4	74	19	781
Caterham and Warlingham	136	25	—	—	—	—	1	—	—	1	9	256	31	488
Chertsey	115	—	—	—	—	—	—	—	—	—	2	335	4	491
Coulsdon and Purley	178	47	—	1	—	—	—	8	—	1	3	262	204	805
Dorking	55	39	183	—	—	155	—	3	29	—	4	16	6	280
Egham	112	—	—	—	—	—	1	—	—	—	1	191	47	361
Epsom and Ewell	94	30	509	—	—	838	—	3	5	1	18	28	20	734
Esher	170	—	—	1	—	—	3	—	—	—	39	113	9	689
Farnham	75	28	168	—	—	77	—	8	78	—	7	14	32	337
Frimley and Camberley	51	—	107	—	—	5	—	—	29	—	2	37	118	336
Godalming	39	26	—	—	—	—	—	6	—	—	1	123	1	188
Guildford	109	51	492	3	—	651	2	22	56	—	—	9	8	649
Haslemere	24	3	144	—	—	31	—	—	147	—	2	29	3	171
Kingston-on-Thames	165	—	296	1	—	942	2	—	22	—	4	33	68	587
Leatherhead	77	49	—	1	—	—	—	4	—	—	5	227	7	390
Malden and Coombe	117	50	—	4	—	—	3	—	—	2	3	107	62	525
Merton and Morden ...	118	—	276	1	—	454	—	—	98	2	5	469	30	881
Mitcham	188	—	242	1	—	11	3	—	75	1	1	406	57	898
Reigate	93	—	447	—	—	909	—	—	47	—	—	6	1	571
Richmond	129	33	—	—	—	—	—	2	—	—	1	267	162	648
Surbiton	193	—	219	2	—	59	1	—	6	—	4	214	51	855
Sutton and Cheam	179	—	209	2	—	160	4	—	8	1	24	516	24	935
Walton and Weybridge	100	20	288	—	—	36	—	—	20	—	2	141	20	571
Wimbledon	99	57	—	—	—	—	1	439	—	—	5	644	53	847
Woking	219	—	443	1	—	670	—	—	17	—	6	40	10	696
Rural.														
Bagshot	58	—	86	—	—	160	—	—	162	1	—	65	3	218
Dorking and Horley	109	—	—	—	—	—	1	—	—	—	13	237	26	420
Godstone	183	7	—	1	—	—	—	—	—	1	15	205	43	471
Guildford	192	—	—	—	—	—	5	—	—	—	54	410	69	734
Hambledon	94	—	—	—	—	—	2	—	—	—	42	225	12	460
Totals	3,965	465	4,568	21	34	6,788	34	497	843	14	323	6,375	1,607	18,224

(b) Prematurity, Stillbirths and Abortions.

Following consideration of the question of prematurity and foetal deaths by the World Health Organisation a new classification of birth weights of premature infants was introduced by the Ministry of Health during the year. In addition the Minister required at the end of the year, as the basis of a special enquiry, detailed information about the weight of the foetus in abortions of 18-28 weeks and in stillbirths for comparison with the weights of live premature infants according to the period of survival.

The following table gives details of premature births, stillbirths and abortions, so far as information is available, occurring at home or in private nursing homes in the County during the year 1951.

PREMATURE INFANTS (i.e. $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation).

Number of premature live infants born at home whose period of gestation was :—

(a) 28 weeks and over, 139.

(b) Less than 28 weeks, 7.

Number of premature live infants born in private nursing homes whose period of gestation was :—

(a) 28 weeks and over, 54.

(b) Less than 28 weeks, nil.

STILLBIRTHS AND ABORTIONS.

Number of :—

(a) Stillbirths at home : over $5\frac{1}{2}$ lbs., 21 ; $5\frac{1}{2}$ lbs. or less, 10.

(b) Abortions at home of 18-28 weeks gestation, 24.

Number of :—

(a) Stillbirths in private nursing homes : over $5\frac{1}{2}$ lbs., 2 ; $5\frac{1}{2}$ lbs. or less, nil.

(b) Abortions in private nursing homes of 18-28 weeks gestation, 2.

Weights in lbs. oz. or grammes.	Still births and abortions (of 18-28 weeks' gestation only) where the foetus was $5\frac{1}{2}$ lbs. or less.	Premature infants born alive at home.						Premature infants born alive in private nursing homes.					
		Trans- ferred to Hosp.	Nursed entirely at home.					Trans- ferred to Hosp.	Nursed entirely in private nursing homes.				
			Died in first 24 hrs.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Sur- vived 28 days.	Total.		Died in first 24 hrs.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Sur- vived 28 days.	Total.
2 lbs. 3 oz. or less (1,000 gms. or less)	14	5	2	—	—	—	7	—	—	—	—	—	—
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 oz. (over 1,000 gms. up to and including 1,500 gms.) ...	2	2	1	—	—	—	3	—	1	2	—	1	4
Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz. (over 1,500 gms. up to and including 2,000 gms.) ...	1	9	3	—	—	9	21	—	—	1	—	5	6
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz. (over 2,000 gms. up to and including 2,250 gms.) ...	5	3	—	—	—	20	23	1	—	—	—	15	16
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz. (over 2,250 gms. up to and including 2,500 gms.) ...	1	5	—	—	—	87	92	1	—	—	—	27	28
Totals ...	23	24	6	—	—	116	146	2	1	3	—	48	54

(c) Infant Mortality.

The infant mortality rate in the Administrative County of 21.75 compares with 29.6 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 9).

For the first time for a number of years, the urban infant mortality rate in 1951—namely 21.80 (340 deaths)—is higher than the rural rate—namely 21.38 (48 deaths).

During the year an enquiry into every death in the first year of life occurring in the County was undertaken. In all 355 deaths were investigated. Of these 279 were born in hospitals, 60 at home, 13 in nursing homes and in 3 cases the place of birth was not recorded. Ante-natal care was given by the hospitals (105 cases), by the County Council Clinic (105 cases), by general practitioners (95 cases); no ante-natal care was given in 8 cases and in 42 ante-natal care was not recorded. The deaths were classified by causes as follows:—

Cause.	In the first 7 days.	Between 8th and 28th days.	Between 1 and 12 months.	Total.
Prematurity	55	5	—	60
Prematurity with associated conditions	66	—	—	66
Congenital malformations	27	19	26	72
Birth injury (including intracranial haemorrhage)	23	—	—	23
Haemolytic disease	21	—	—	21
Pneumonia	—	10	24	34
Other respiratory diseases	—	—	7	7
Gastro enteritis	—	2	4	6
Meningitis	—	—	4	4
Accidents	1	1	7	9
Miscellaneous	33	5	14	52
Totals	226	42	86	354

(In one case age and cause of death were unknown.)

The duration of life of infants of various birth weights together with an analysis as to whether prematurity was the cause or was a contributory cause of death was as follows:—

Birth Weight.	1 Day.			2-7 Days.			8-28 Days.			1-6 Months	6-12 Months.	Not re-corded.	Totals.
	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	All.	All.	All.	
Under 2 lbs.	9	10	—	6	2	—	—	—	—	—	—	—	27
2-3 lbs.	18	11	2	4	9	—	5	—	—	—	—	—	49
3-4 lbs.	5	10	—	4	8	2	—	—	2	1	1	—	33
4-5 lbs.	3	6	6	2	8	5	—	—	—	5	1	—	36
5-6 lbs.	1	—	9	1	—	6	—	—	4	5	5	—	31
6-7 lbs.	—	—	13	—	1	15	—	—	10	15	9	—	63
Over 7 lbs.	—	—	24	—	—	16	—	—	21	27	14	—	102
Not recorded	2	1	5	—	—	2	—	—	—	2	1	1	14
Totals	38	38	59	17	28	46	5	—	37	55	31	1	355

(d) Ophthalmia Neonatorum.

In 1951 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 111 babies and 9 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

The case rate (i.e. the number of notified cases per thousand live births) was 0.50.

Of the 9 cases notified by medical practitioners 8 occurred in the practice of midwives. All of these were treated at home and in no case was vision impaired.

(e) Pemphigus Neonatorum.

No cases of pemphigus neonatorum were notified during the year.

(f) Ante-Natal and Post-Natal Clinics.

Ante-natal clinics were held at 53 different centres throughout the County and in some districts ante-natal consultations take place before the Welfare sessions. Patients are also seen at ante-natal clinics held at Dorking, Epsom, Guildford, Kingston, Redhill, St. Helier, Haslemere, Sutton and Cheam and Nelson Hospitals and conducted by the specialist staffs of those hospitals and at the Jarvis Maternity Home, Guildford, and the Woodlands Maternity Home, Colliers Wood.

The following table shows the number of women who attended and the attendances they made during 1951 at these clinics :—

Division.	Number of Clinics provided at end of year (whether held at Infant Welfare Centres or other premises).	Number of sessions now held <i>per month</i> at clinics included in Col. (2).	Number of women who attended during the year.	Total number of attendances made by women included in Col. (4) during the year.
(1)	(2)	(3)	(4)	(5)
Local Health Authority Clinics—				
Ante-Natal Clinics.				
Northern	4	18	996	3,806
North-Central	7	32	1,146	5,810
North-Eastern—				
Wimbledon... ..	2	10	513	2,213
Merton & Morden and Mitcham...	3	24	1,007	3,353
Central	6	26	1,198	5,882
South-Eastern	5	16	904	2,978
Mid-Eastern—				
Carshalton	5	24	488	2,017
Beddington and Wallington ...	1	4	164	620
Southern	7	16	348	1,461
South-Western—				
Guildford	1	4	227	258
Excluding Guildford	4	10	525	2,596
North Western	8	36	681	3,837
	53	220	8,197	34,831
Post-Natal Clinics.				
Northern	—	—	384 †	384 †
North-Central	—	—	258 (258)	307 (307)
North-Eastern—				
Wimbledon... ..	—	—	56 (56)	71 (71)
Merton & Morden and Mitcham...	1	1	95 (95)	98 (98)
Central	—	—	371 (371)	409 (409)
South-Eastern	—	—	222 (222)	254 (254)
Mid-Eastern—				
Carshalton	—	—	36 (36)	39 (39)
Beddington and Wallington ...	—	—	11 (11)	11 (11)
Southern	—	—	126 (126)	142 (142)
South-Western—				
Guildford	—	—	3 (3)	3 (3)
Excluding Guildford	—	—	175 (175)	211 (211)
North-Western	—	—	227 (227)	255 (255)
	1	1	1,964 (1,964)	2,184 (2,184)
Regional Hospital Board Clinics attached to Hospitals and Maternity Homes.				
Ante-Natal Clinics	29	164	10,219	61,557
Post-Natal Clinics	10	42	6,569	7,216
	39	206	16,788	68,773

† The figures in brackets relate to the cases seen at Ante-Natal Clinics.

(g) Infant Welfare Centres.

The County Council maintained 167 infant welfare centres in the year as against 162 in 1950. Additional clinics were started at :—

- (i) Morden Road Clinic, 254, Morden Road, Merton.
- (ii) Shamley Green.
- (iii) Community Centre, Brighton Road, Hooley.
- (iv) St. Andrew's Hall, Frimley Green.
- (v) Congregational Church Hall, Hersham.
- (vi) Great Tattenhams, Epsom.
- (vii) Holy Trinity Hall, Knaphill.
- (viii) 175, Woodham Lane, New Haw.

The following centres were closed during the year :—

- (i) Baptist Church Hall, Crown Lane, Morden.
- (ii) Methodist Church Rooms, Knaphill.
- (iii) Co-operative Hall, Woodham Lane, New Haw.

The following table shows the attendance at the centres for the year 1951 :—

Division. (1)	Number of centres provided at end of year. (2)	Number of Child Welfare Sessions now held <i>per month</i> at centres in Col. 2. (3)	Number of children who first attended the centres during the year and who on the date of their first attendance were :		Total number of attendances made by children during the year.	
			Under one year of age. (4)	Over one year of age. (5)	Under one year of age. (6)	Over one year of age. (7)
Northern	5	38	897	142	13,850	4,642
North-Central	13	78	2,211	407	32,807	19,141
North-Eastern—						
Wimbledon	5	24	673	27	12,788	7,105
Merton & Morden and Mitcham	10	75	1,607	186	27,574	15,097
Central	20	86	1,897	402	28,855	22,637
South-Eastern	15	56	1,028	211	14,766	9,446
Mid-Eastern—						
Carshalton	5	41	614	62	9,480	6,119
Wallington	4	12	300	29	4,677	3,373
Southern	26	81	1,104	236	15,471	12,598
South-Western—						
Rural	32	93	1,279	455	17,896	15,855
Borough	5	34	648	164	9,767	7,200
North-Western	27	91	2,103	581	25,609	16,844
	167	709	14,361	2,902	214,640	140,057
Voluntary.						
South Western (Rural)	1	2	4	4	85	386
Southern	3	3	26	3	203	331
North Western	1	2	46	21	402	229
	5	7	76	28	690	946

(h) Maternal Mortality.

The total maternal deaths assigned to the County in 1951 was nine, which gives a maternal mortality rate of 0.49 per thousand live and still births, compared with 0.79 for England and Wales.

Of the nine deaths, three women were confined in their own homes. The causes of death were :—

- (i) Haemorrhage due to placenta praevia.
- (ii) Cerebral haemorrhage due to toxæmia of pregnancy.
- (iii) Renal failure due to septic abortion.

Six other maternal deaths occurred in hospitals in the County, and none had booked for home confinement. The causes of death were : acute pulmonary oedema, obstetric shock (two cases), post partum haemorrhage, asphyxia whilst under anaesthetic and eclampsia.

(i) Puerperal Pyrexia.

During 1951, 279 cases of puerperal pyrexia were notified representing an attack rate of 15.31 per thousand live and still births as compared with 10.66 for England and Wales. Of these cases 26 occurred in domiciliary confinements and the remainder in institutional confinements.

The Puerperal Pyrexia Regulations 1951, came into operation on the 1st August, 1951. Puerperal pyrexia which is notifiable is defined in the Regulations as any febrile condition occurring in a woman in whom a temperature 100.4° F. (38°C.) or more has occurred within 14 days after childbirth or miscarriage.

Experience had shown the previous definition to be ambiguous, and in addition the use of various drugs now freely available have had the effect of reducing temperature promptly and so of preventing an infection from becoming notifiable because the raised temperature has not been maintained or did not recur within the period of 24 hours, as laid down in the previous Regulations.

(j) Unmarried Mothers and the Care of Illegitimate Children.

In making provision for the care of the unmarried mother and her child the County Council relies in the main on voluntary Homes for unmarried mothers and particularly on Homes established in the County and receiving grants from the Council. During the year, 140 cases were admitted to mother and baby homes, 60 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 40 cases were sent by the Council to other Homes, payment being made per capitum.

During the year 51 cases were admitted to the Home provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or are destitute of accommodation.

(k) Voluntary Inspection of Children under Five Years of Age.

Some years ago the County Council approved a scheme of routine medical inspection and treatment of children under school age. Under this scheme, which is voluntary, children are examined at special toddlers' clinics or at the welfare centres at the age of two, three and four years. In addition, children are regularly medically examined at day nurseries and nursery classes.

(l) Convalescent Treatment.

Expectant and nursing mothers and children under five years of age recommended for convalescent treatment are sent to convalescent and holiday homes. During the year 69 children under the age of five years and five mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge of £1 5s. 0d. per week towards their maintenance.

(m) Day Nurseries.

The survey of the day nursery provision in the County, referred to in my Report of 1950 was completed in the early months of 1951. As a consequence of this survey the Committee decided that day nursery provision was needed for, and should be limited to, the following categories of children :—

1. Where the mother is the sole wage earner.
2. Where there is sickness in the family or where home conditions likely to prejudice seriously the health of the child exist.
3. In exceptional cases, where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

In the light of its experience of the categories of children admitted to the nurseries, the Committee concluded that if admissions were limited to the categories listed above, a further substantial contraction in the service would take place, and that it was possible to close 11 day nurseries, leaving a total of 25 in the County. Also in five of the remaining nurseries the number of places was reduced. The nurseries closed in 1951 were : Robinson Road, Mitcham ; Morden Road, Merton ; Kilnwood, Kingston-upon-Thames ; Wellington Crescent, New Malden ; St. Cyres, Surbiton ; Broadway, Stoneleigh ; Great Murreys, Ashted ; St. Fillans, Woking ; Woodham Lane, New Haw ; Arden House, Byfleet ; Halfway, Walton-on-Thames.

The Committee also carefully reviewed the scale of staffing. 22 of the 25 nurseries remaining were all recognised training nurseries, and as the number of students being trained was in excess of requirements, it was decided to re-classify a further four of the smaller nurseries as non-training and to reduce also the scale of staffing throughout the service. These changes enabled the total staff establishment to be reduced from 351 to 261.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.

Report of the County Dental Surgeon for the Year 1951.

Throughout the year the strength of the Dental Staff remained below full establishment. Consequently, as in previous years, dental care for mothers and pre-school children was provided by dental officers primarily engaged in The School Dental Service. Therefore no form of routine dental inspection was carried out, and the patients examined and treated were those referred to the dental clinics by medical officers in charge of ante-natal and welfare centres ; over the County, approximately 20 sessions per week were devoted to these patients.

The facilities for treatment within the Council's service include X-ray examination at six County centres, and the dentures provided were, for the greater part, processed in the County Dental Laboratory at Kingston. It is, however, still necessary to send some of this work to outside laboratories.

Comparing the 1951 figures with those for 1950, it will be apparent that, whereas the attendance of children at dental clinics shows no material change, the attendance of mothers was in 1951 considerably reduced.

It would be erroneous to conclude from this comparison that the dental needs of mothers had decreased to the same degree. It would be more reasonable to assume that these patients had taken advantage of their eligibility for treatment by dentists offering Part IV services under the National Health Service.

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	1,357	1,029	985	796
Children under 5	2,643	2,605	2,131	2,476*

* This figure includes completion of treatment commenced at end of 1950.

(b) Forms of dental treatment provided.

	Extractions.	Anaesthetics.		Fillings.	Sealings or sealing and gum treatment.	Silver Nitrate treatment.	Dressings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers	1,625	277	373	1,438	459	—	235	18	83	145
Children under 5...	3,153	87	1,445	1,670	—	1,449	389	2	—	—

D. M. McCLELLAND,
County Dental Surgeon.

MIDWIFERY AND HOME NURSING.

(1) Local Supervising Authority (Midwives).

The County Council, as the Local Supervising Authority, is responsible for supervising the work of midwives throughout the County. The supervisory staff comprises a medical officer on the Central Office staff and six non-medical supervisors.

(a) NOTIFICATION OF INTENTION TO PRACTISE.

The number of State Certified Midwives who gave notice of their intention to practise midwifery during 1951 was 612 compared with 627 in 1950.

(b) NO. OF MATERNITY CASES ATTENDED BY MIDWIVES DURING THE YEAR.

	Number of Maternity Cases in the Administrative County attended by Midwives during 1951.					
	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
	(1)	(2)	(3)	(4)	(5)	(6)
Employed by the Authority (directly or seconded)	2,536 (2,298)	1,111 (1,160)	— —	— —	2,536 (2,298)	1,111 (1,160)
*Employed by voluntary organisations in Nursing Homes	—	—	539 (183)	199 (140)	539 (183)	199 (140)
Employed by Hospital Management Committees	—	—	9,023 (8,914)	3,470 (2,201)	9,023 (8,914)	3,470 (2,201)
Employed in private domiciliary practice (including midwives employed in private Nursing Homes)	20 (35)	62 (9)	72 (23)	526 (136)	92 (58)	588 (145)
Total	2,556 (2,333)	1,173 (1,169)	9,634 (9,120)	4,195 (2,477)	12,190 (11,453)	5,368 (3,646)

The figures in parenthesis are the comparable figures for 1950.

* It will be noticed that the figures in respect of cases taken in Nursing Homes (Voluntary Organisations) show considerable variation from the previous year. St. Teresa's, Wimbledon, which had been closed for alterations during 1950 was receiving patients to capacity in 1951.

It will be noted that of 17,558 confinements attended by midwives during the year, only 3,729 (or 21.2 per cent.) occurred in the homes, the remainder being in hospitals 12,493 (or 71.2 per cent.) or in nursing homes 1,336 (or 7.6 per cent.).

Owing to the decrease in the number of domiciliary confinements over a period of years the policy of combining the posts of midwife and district nurse was continued in 1951, and as a consequence the number of whole-time midwives was reduced from 31 to 28.

(c) SUMMONING OF MEDICAL AID.

During the year medical aid was summoned under the Midwives Act, 1951 by a midwife in the following number of cases :—

(i) For domiciliary cases	...	...	952
(ii) For cases in institutions	...	...	538

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid...	...	...	...	...	...	...	...	1,490
Stillbirths, abortions and miscarriages	...	...	...	...	...	...	...	119
Laying out dead body	...	...	...	...	...	...	...	48
Liability to be a source of infection	...	...	...	...	...	...	...	209
Death of mother or baby	...	...	...	...	...	...	...	26
Artificial feeding (in addition to or in place of breast feeding)	...	...	...	...	...	...	...	877
Total...	...	...	...	...	...	...	...	<u>2,769</u>

Most of the figures show a reasonable comparison with those for 1950, except for notifications of artificial feeding which shewed an increase to 877 in 1951 as against 297 in 1950. This rise is in the main accounted for by better notification from hospitals. Of the 877 notified, 113 were by domiciliary midwives as compared with 116 in 1950; and 764 from hospitals or private maternity homes as compared with 181 in 1950.

(e) SPECIAL INVESTIGATIONS.

The non-medical supervisors of midwives undertook the following special investigations during the year :—

Notice of sending for medical aid	...	...	...	...	...	...	...	228
Stillbirths, abortions and miscarriages	...	...	...	...	...	...	...	79
Liability to be a source of infection	...	...	...	...	...	...	...	129
Death of mother or baby	...	...	...	...	...	...	...	24
Total...	...	...	...	...	...	...	...	<u>460</u>

(f) ADMINISTRATION OF ANALGESICS.

During the year 1951, gas and air analgesia was given by midwives in 2,031 domiciliary cases.

At the end of the year, the number of midwives in practice in the area who were qualified to administer analgesics in accordance with the requirements of the Central Midwives Board was as follows :—

(i) Domiciliary	...	...	...	179
(ii) In institutions	...	...	...	222

At the end of the year 122 sets of apparatus were available for the use of the domiciliary midwives. Number of cases in which *pethidine* was administered by midwives in domiciliary practices during the year :—

(i) When acting as a midwife	...	614
(ii) When acting as a maternity nurse	...	283

2. Domiciliary Midwifery and Home Nursing.

In the Report for 1950 reference was made to the administration of the Home Nursing and Domiciliary Midwifery schemes. During 1951 these services were reorganised on a divisional basis, the Divisional Health Sub-Committees being made responsible for the day-to-day administration of the services. This change was made after consultation with the Surrey County Nursing Association, which was also consulted with regard to the respective responsibilities and the working arrangements between the district associations and the divisional organisations. The County

Association, in order to assist in co-ordinating the work of the various bodies, has invited each divisional sub-committee to appoint a representative on the general committee of the Association. The District Nursing Associations have expressed their willingness to continue their activities for at least another year, to cover the period of divisionalisation and to gain some experience of its working in the light of which a more definite decision can be made. The scheme was put into effect as from the 1st November, 1951.

By the 1st April, 1952, there were 76 District Nursing Associations in the County as against 96 at the end of 1950. The reduction in numbers is the result, partly, of decisions by certain Associations to cease their activities and, partly, of amalgamations between Associations.

(i) WORK OF THE NURSES AND MIDWIVES.

At the end of the year there were 232 full-time and 50 part-time Nurses seconded to District Nursing Associations and 28 direct controlled Midwives available for duty.

The number of visits paid by nurses during the year 1951 was as follows :—

	Number of Visits.						
	Midwifery.	Maternity.	General.	Ante- and Post-Natal.	Casual.	Clinics.	Total
Seconded District Nurse Midwives and District Nurses ...	31,383 (35,845)	23,587 (23,121)	616,208 (592,074)	25,238 (28,600)	28,665 (29,207)	4,229 (3,780)	728,929 (712,627)
Direct Controlled Midwives ...	21,033 (21,387)		—	10,260 (13,160)	—	1,211 (1,558)	32,504 (36,105)

The figures in parenthesis are the comparable figures for 1950.

HEALTH VISITING.

(a) Establishment.

The establishment of health visitors remained the same as in 1950 but, the actual numbers employed showed some improvement on the figures for the previous year, largely as a result of recruitment to the staff of student health visitors qualifying from the Health Visitors Training Course held at the Brooklands College, Weybridge.

(b) Work of the Health Visitor.

The following table shows the work done by the Health Visitors in connection with the Care of Mothers and Young Children during the year :—

Division. (1)	Population Total Mid-1951. (2)	Population under 5 years Mid 1951. (3)	No. of Live Births.	No. of Births on Health Visitors Visting List.	Number of Health Visitors employed at end of year.		Equivalent whole- time Health Visitor services provided under Col. (5) (all classes, including attendance at Child Welfare Centres). (6)	No. of fixed Clinic Sessions.	Number of visits paid by Health Visitors during the year.						†Other cases.
					Whole- time on health visiting. (4)	Part-time on health visiting. (5)			Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		
									First Visits. (7)	Total Visits. (8)	First Visits. (9)	Total Visits. (10)	First Visits. (11)	Total Visits. (12)	
N. ...	82,560	6,176	1,059	883	—	11	7.7	2,200	555	893	996	4,050	103	5,118	881
N.C. ...	197,860	15,638	2,602	2,007	—	22	10	4,251	870	1,294	2,453	13,887	158	22,916	7,060
N.E.— Merton & Morden and Mitcham	141,150	11,050	1,745	2,306	—	19	13	5,602	578	890	1,803	8,067	161	15,740	2,442
Wimbledon ...	58,430	4,595	833		—	7	3.5		313	476	825	3,012	—	6,012	1,150
C. ...	211,542	15,170	2,462	2,361	—	22	15.4	3,623	553	771	2,511	13,737	143	21,210	2,761
S.E. ...	101,140	7,802	1,322	1,095	—	12	8	1,634	322	522	1,250	7,045	66	11,081	1,907
M.E.— Carshalton ...	61,730	4,852	758	1,079	—	10	7	2,701	61	92	675	2,423	12	4,918	311
Beddington and Wallington ...	32,650	2,532	376		—	4	2.4		122	204	337	1,695	2	2,524	214
S. ...	121,645	9,509	1,706	1,584	—	16	8	2,781	456	831	1,664	9,374	154	16,727	1,483
S.W.— Borough ...	47,280	3,459	629	1,901	—	6	4	3,582	350	452	648	4,913	88	5,568	756
Rural ...	111,163	8,951	1,576		—	16	10.56		499	777	1,676	8,039	366	12,935	3,985
N.W. ...	188,550	15,156	2,773	2,235	—	22	15.5	3,727	707	1,169	2,976	18,300	459	24,525	6,183
TOTAL ...	1,355,700	104,890	17,841	15,451	—	167	105.06	30,101	5,386	8,371	17,814	94,542	1,712	149,274	29,133

† Includes visits to day and residential nurseries, child life protection and adoption cases,

(c) Other duties of Health Visitors.

The general health visitors combine with their duties in relation to the care of expectant and nursing mothers the duties of school nurse and also certain other duties in relation to Child Life Protection, Adoption of Children, Mental Deficiency, etc. There are also eighteen full-time tuberculosis health visitors but some of the general health visitors include also some tuberculosis health visiting in their general duties.

The following table shows the total visits undertaken by Health Visitors under these and certain other heads :—

DIVISION.	TUBER- CULOSIS.	SCHOOL HEALTH.					MENTAL DEFICI- ENCY	OTHER HEALTH SERVICES.		
	All T.B. Visits.	Children suffer- ing from infec- tious or conta- gious disease.	Children ex- cluded for ver- minous or un- clean condition.	Treatment or Observation.	Educationally Sub-normal.	Miscellaneous Visits.	Visits to cases under Supervision and escorting patients.	Care and after Care.	Immunisation and Vaccination.	Miscellaneous.
N.	12	54	13	76	99	156	148	9	4	84
N.C.... ..	45	306	102	881	204	719	378	7	180	134
N.E.... ..	34	328	55	388	134	300	381	18	241	2,647
C.	364	785	146	562	233	444	300	22	195	164
S.E.	128	35	61	275	57	171	196	3	8	45
M.E.	7	327	24	423	85	254	158	—	—	142
S.	529	1,224	66	357	110	663	213	4	51	537
S.W.	926	1,209	189	971	194	857	312	69	86	260
N.W.	673	576	95	1,131	264	970	364	74	388	377
T.B. H.V.'s (18) ...	20,492	—	—	—	—	—	—	—	—	—
Totals	23,210	4,844	751	5,064	1,380	4,534	2,450	206	1,153	4,390

(d) The Health Visitors' Training Course.

Fifteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1951. As on previous courses, lectures were given by members of the staff of the County Council with assistance from outside lecturers on special subjects. Practical training was given in various clinics and centres in the County under the supervision of the medical and health visiting staff. Of the fourteen students who entered for the examination of the Royal Sanitary Institute held in April, 1952, twelve were successful in obtaining the H.V.'s Certificate.

The majority of the successful candidates have been recruited to the County Health staff.

VACCINATION AND IMMUNISATION.

(a) Diphtheria Immunisation.

The Council's policy in regard to diphtheria immunisation remained unchanged from the previous year.

(i) IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1951 and the immunised state of the child population at the 31st December, 1951.

(In interpreting these figures it should be borne in mind that it has been customary not to recommend diphtheria immunisation until the second half of the first year of life.)

Districts.	No. of children immunised during 1951.		Total no. of children who had a complete course of immunisation at any time prior to 31st Dec., 1951.		Estimated mid-year child population 1951.		Percentage of children immunised.		No. of children who were given a secondary or reinforcing injection (subsequently to full course) during 1951.
	0—4 yrs.	5—14 yrs.	0—4 yrs.	5—14 yrs.	0—4 yrs.	5—14 yrs.	0—4 yrs.	5—14 yrs.	
M.B. and Urban.									
Banstead	293	128	1,061	3,134	2,396	4,587	44.28	68.32	703
Barnes	410	147	1,498	3,875	2,830	4,212	52.93	92.00	703
Beddington and Wallington	293	69	1,239	3,466	2,532	4,082	48.93	84.91	536
Carshalton	675	79	2,782	8,603	4,852	8,789	57.34	97.87	882
Caterham and Warlingham	332	47	1,341	3,871	2,625	4,475	51.09	86.50	627
Chertsey	347	41	1,315	3,957	2,568	5,225	51.21	75.73	217
Coulsdon and Purley ...	670	44	2,363	7,365	4,786	7,968	49.37	92.43	901
Dorking	187	21	863	2,300	1,585	2,727	54.45	84.34	811
Egham	327	8	1,452	2,744	2,060	3,391	70.49	80.92	671
Epsom and Ewell	630	66	3,170	7,164	4,517	8,445	70.18	84.83	1,628
Esher	489	64	2,180	6,975	4,107	7,103	53.08	98.20	1,246
Farnham	175	3	1,127	3,027	1,824	3,290	61.79	92.01	74
Frimley and Camberley ...	232	47	919	2,654	1,726	2,782	53.24	95.40	406
Godalming	170	63	582	1,725	1,084	2,336	53.69	73.84	505
Guildford	459	72	1,966	4,620	3,459	5,938	56.84	77.80	1,142
Haslemere	153	28	511	1,595	1,025	2,013	49.85	79.23	210
Kingston-on-Thames	516	5	2,009	4,238	3,055	4,413	65.76	96.03	110
Leatherhead	302	20	1,393	2,624	2,192	4,114	63.55	63.78	580
Malden and Coombe	443	81	1,814	6,039	3,547	6,216	51.14	97.15	1,042
Merton and Morden	777	33	2,955	7,982	5,286	9,212	55.90	86.65	1,612
Mitcham	601	232	2,958	8,851	5,764	8,861	51.32	99.89	2,370
Reigate	524	57	2,147	4,911	3,150	5,989	68.16	82.00	720
Richmond	386	170	2,262	4,178	3,346	4,387	67.60	95.24	1,019
Surbiton	715	48	2,658	5,109	4,929	8,211	53.93	62.22	816
Sutton and Cheam	728	123	3,105	8,437	5,750	9,903	54.00	85.20	2,032
Walton and Weybridge ...	349	73	1,462	4,372	3,200	5,399	45.69	80.98	271
Wimbledon... ..	566	99	2,619	5,593	4,595	6,440	57.00	86.85	893
Woking	481	471	1,506	5,924	3,780	6,523	39.84	90.82	216
Rural.									
Bagshot	193	23	517	1,721	1,046	2,327	49.43	73.96	238
Dorking and Horley	285	36	1,201	2,649	2,245	3,778	53.50	70.12	616
Godstone	318	158	1,293	2,987	2,502	4,776	51.68	62.54	145
Guildford	439	153	1,638	4,641	3,949	7,052	41.48	65.81	801
Hambleton... ..	297	154	1,202	2,952	2,578	4,902	46.62	60.22	371
Totals	13,762	2,863	57,108	150,283	104,890	179,866	54.45	83.55	25,114
Totals 1950	13,327	2,658	59,033	141,839	106,300	177,450	55.53	79.93	18,075

(ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

During the year three cases of diphtheria were notified, two of them in children under the age of two years and one in a school child; there were no deaths from the disease in children under the age of 15 years.

(b) Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the period 1/1/51 to 31/12/51 :—

DISTRICTS.				VACCINATED.					RE-VACCINATED.					
				—1	1—4	5—14	15+	Total.	—1	1—4	5—14	15+	Total	
M.B. and Urban.														
Banstead	...	...	...	131	144	42	40	357	—	7	79	315	401
Barnes	...	...	...	319	37	27	39	422	—	11	34	221	266
Beddington and Wallington	...	...	...	95	132	38	41	306	—	6	15	132	153
Carshalton	...	...	...	405	45	59	167	676	—	7	30	329	366
Caterham and Warlingham	...	...	...	257	78	66	77	478	—	5	61	224	290
Chertsey	...	...	...	119	140	31	39	329	3	12	24	163	202
Coulsdon and Purley	...	...	...	424	101	66	167	758	—	4	70	381	455
Dorking	...	...	...	110	24	25	71	230	—	7	46	308	361
Egham	...	...	...	143	29	12	46	230	—	7	17	266	290
Epsom and Ewell	...	...	...	448	51	46	77	622	—	13	82	448	543
Esher	...	...	...	248	205	33	101	587	4	17	94	477	592
Farnham	...	...	...	104	91	16	63	274	—	12	32	270	314
Frimley and Camberley	...	...	...	107	154	29	38	328	—	40	101	228	369
Godalming	...	...	...	57	58	12	—	127	—	—	24	99	123
Guildford	...	...	...	156	159	59	75	449	—	5	42	200	247
Haslemere	...	...	...	113	13	10	20	156	—	—	71	121	192
Kingston-on-Thames	...	...	...	351	26	35	76	488	—	5	20	436	461
Leatherhead	...	...	...	259	30	29	33	351	—	11	58	246	315
Malden	...	...	...	337	43	42	93	515	—	3	27	162	192
Merton and Morden	...	...	...	254	311	46	85	696	10	17	30	312	369
Mitcham	...	...	...	245	245	45	54	589	—	9	24	134	167
Reigate	...	...	...	277	152	400	448	1,277	—	25	465	1,238	1,728
Richmond	...	...	...	392	31	45	69	537	—	10	51	217	278
Surbiton	...	...	...	559	52	64	113	788	—	6	41	324	371
Sutton and Cheam	...	...	...	492	82	75	108	757	—	10	43	314	367
Walton and Weybridge	...	...	...	175	139	13	31	358	—	9	48	220	277
Wimbledon	...	...	...	423	41	25	61	550	—	12	69	400	481
Woking	...	...	...	268	23	64	96	451	11	11	47	331	400
Rural.														
Bagshot	...	...	...	63	45	10	12	130	1	1	10	73	85
Dorking and Horley	...	...	...	192	65	108	136	501	—	11	164	549	724
Godstone	...	...	...	270	76	323	323	992	—	11	524	1,034	1,569
Guildford	...	...	...	398	65	46	41	550	—	11	92	204	307
Hambleton	...	...	...	289	38	65	61	453	—	12	136	332	480
Totals				...	8,480	2,925	2,006	2,901	16,312	29	327	2,671	10,708	13,735
Totals 1950				...	7,443	2,464	674	746	11,327	49	182	733	3,396	4,360

No cases of generalised vaccinia, post-vaccinal encephalomyelitis or deaths from other complications were reported during the year.

(c) Other Diseases.

Towards the end of the year a formal scheme was approved for submission to the Ministry of Health for immunisation against whooping cough, sufficient evidence of the value of whooping cough immunisation having been obtained to warrant the extension of facilities over the whole County. Under the scheme it is proposed to make available facilities for the immunisation of infants under the age of twelve months, through sessional arrangements at clinics and by general practitioners performing individual immunisation. Immunisation will only exceptionally be offered to school children apart from those cases needing a reinforcing injection at five years of age.

AMBULANCE SERVICE.

(a) Acceptance of Calls.

Calls are accepted as follows :—

For Emergency cases (i.e., accidents anywhere or sudden illness in streets, public places or places of employment) and *maternity calls*—any member of the public may call an ambulance direct by means of the normal telephone emergency system. (For cases of sudden illness in the home, a doctor should first be called since the ambulance service cannot remove such patients until a doctor certifies that they are fit to travel and until a hospital bed has been obtained.)

For all other cases (i.e., *non-emergency cases*, including hospital admissions and discharges, journeys for out-patient treatment, journeys to convalescent homes, etc.) ambulance transport can only be provided on the authority of a hospital or general medical practitioner.

(b) Ambulance Provision in Surrey.

Under the new ambulance scheme approved by the Minister during the year, ambulance transport is provided by the various services shown below, but for the purposes of Section 27 of the National Health Service Act, 1946, they operate as a unified service under the control of the County Medical Officer.

- (i) The County Council ambulances and cars, manned by paid Council staff.
- (ii) The ambulances of the Voluntary Associations of St. John and Red Cross, which act as agents of the County Council and receive grants based on the cost of running the service.
- (iii) Infectious diseases ambulances based on Milford Sanatorium and Green Lane Hospital, Farnham. These ambulances are owned by the County Council but are staffed by the Infectious Diseases Hospitals by mutual agreement.
- (iv) The Hospital Car Service of volunteer drivers using their own cars to transport patients and paid on a mileage rate by the County Council for so doing.
- (v) Contractors' ambulances and cars as necessary.
- (vi) Transport by rail for the whole or part of long distance journeys when appropriate.

(c) Administration and Organisation.

Only one change took place in the control of the service, namely the removal of the control station for the south-eastern part of the County from Redhill Hospital to improved accommodation at Smallfields Hospital.

(d) Development.

Although a temporary service under the Act has been provided since the 5th July, 1948, development of a permanent scheme has only been possible since the present scheme was authorised by the Minister in February, 1951, and it will, therefore, be some time before the service has been developed to its maximum efficiency.

During the year the Council approved a telephone communications scheme which will provide direct telephone control between control stations and the local stations in their areas and this scheme is being implemented gradually as lines and equipment become available.

The question of radio control of ambulances was also considered ; it was felt that on balance radio control would result in operational economy by diminishing the empty mileage travelled, and it was decided to introduce radio control for a part of the County in the first instance. (Since the end of the year a scheme has been approved.)

The biggest material difficulty of the service is the provision of adequate premises for vehicles and personnel. Sites or alternative existing premises have been earmarked for all stations, and schemes will be put in hand as soon as the necessary approvals are obtained.

Twelve ambulances are still garaged in Fire Stations, 27 vehicles have still to be kept in the open air in all weather and personnel accommodation is still unsatisfactory.

The temporary arrangements for the maintenance and repair of vehicles have had to be continued.

(e) Resources.

The full resources of the unified service are as follows :—

(i) Stations which provide the full statutory service :—

	<i>Stations.</i>	<i>Ambulances.</i>	<i>Cars.</i>	<i>Paid.</i>	<i>Staff Part Paid* and Vol.</i>	<i>Total.</i>
County Council	24	50 (+13 reserves)	19 (+3 reserves)	285	30	315
St. John Ambulance Brigade ...	10	24	5	57	294	351
British Red Cross Society ...	2	3	—	6	50	56
Milford Sanatorium	1	1	—	2†	—	2
Green Lane Hospital, Farnham	1	1	—	2†	—	2
Total...	38	92	27	352	374	726
(ii) Stations, etc., which provide supplementary service if necessary :—						
Hospital Car Service	14	—	675	9	675	684
(Area Offices)						
St. John Ambulance Brigade ...	6	6	—	—	67	67
British Red Cross Society ...	2	2	—	—	30	30
Total...	22	8	675	9	772	781
Grand Total	60	100	702	361	1,146	1,507

* These figures are approximate.

† Employed by hospital and used also on other duties.

Hired contractors and transport by rail are also used.

(f) Volume of Work.

The total volume of work (excluding railway mileages) undertaken during the year, together with comparative figures for the previous two years, is shown in the table given below.

The 1951 totals include 13,382 journeys (6.5 per cent.), 13,118 patients (4.6 per cent.) and 106,672 miles (3.3 per cent.) in respect of emergency cases. The whole of the remaining volume of work was carried out on medical authority either from hospital or General Medical Practitioners.

From the inception of the Service in July, 1948, until the end of 1950, the volume of work increased steadily month by month. During 1951 strenuous efforts were made to arrest the steep rate of increase and if possible to effect a reduction. Meetings were held at all large hospitals and specific recommendations were made to hospitals with a view to reducing the volume of work. In particular, hospitals were asked to arrange for all their ambulance transport requests to be channelled through one officer or one office at each hospital in order that there could be some control and co-ordination before the requests were passed to the Ambulance Service. This arrangement was also recommended in the Minister's Circular No. 30/51, which also included :

Recommendations on the use of the Service sent to Regional Hospital Boards, Hospital Management Committees and Boards of Governors.

Rules on the use of the service, sent to all doctors.

It will be seen from the figures given in the table that not only was the rate of increase arrested, but a slight reduction in the total volume of work, compared to the previous year, was achieved.

SERVICE.	1949.			1950.			1951.		
	Journeys.	Patients.	Miles.	Journeys.	Patients.	Miles.	Journeys.	Patients.	Miles.
County Service (including contractors)	82,290	100,473	862,956	99,820	129,252	1,083,051	101,891	137,037	1,137,094
County Fire Brigade	238	237	2,085	3,234	3,067	19,099	913	923	6,197
Infectious Disease Hospitals	3,160	3,591	44,699	2,090	2,391	36,416	876	1,120	17,422
Voluntary Organisations—									
S.J.A.B.	24,009	25,714	387,747	26,472	30,008	388,830	28,797	33,335	444,829
B.R.C.S.	3,865	4,440	77,816	3,876	4,253	68,135	4,465	5,317	71,636
Hospital Car Service	70,594	102,042	1,695,070	86,742	124,458	1,799,888	69,672	108,751	1,560,146
Totals ..	184,156	236,497	3,070,373	222,234	293,429	3,395,419	206,614	286,483	3,237,324

PREVENTION OF ILLNESS, CARE AND AFTER CARE OF THE SICK.**(a) Tuberculosis.**

No major changes in the administration of the service have taken place during the year.

CHEST CLINIC ORGANISATION.

There are eight Chest Clinic areas in the County, each in charge of a Chest Physician (one of whom is also in charge of the Mass Radiography Units) plus a small area around Milford Sanatorium under the charge of its Medical Superintendent : three of these areas have, between them, the assistance of four Assistant Chest Physicians.

WORK OF THE CHEST CLINICS.

The following table shows the work of the 17 chest clinics in the year :—

		Respiratory (R)						Non-Respiratory (NR)						Totals				Grand Total.
		Adult.			Child.			Adult.			Child.			Adult.		Child.		
		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.			
1	New Cases (Excluding Contacts)	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* ... 2. "B" cases* ... (b) Died (c) Left County ... (d) Diagnosis not completed ... (e) Non-Tuberculous ...															1,164	
		287	235	26	26	26		27	36	11	11		314	271	37	659		
		243	154	2	2	2		3	7	2	2		246	161	4	415		
		18	9	1	1	1		—	—	1	1		18	9	2	31		
		28	26	1	1	2		—	2	—	—		28	28	1	59		
		—	—	—	—	—		—	—	—	—		33	45	2	82		
		—	—	—	—	—		—	—	—	—		2,112	2,215	588	5,380		
2	New Contacts ...	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* ... 2. "B" cases* ... (b) Died (c) Left County ... (d) Diagnosis not completed ... (e) Non-Tuberculous ...															71	
		5	14	12	18	12		—	1	—	—		5	15	12	50		
		7	2	—	—	—		—	—	—	—		7	2	—	9		
		1	—	—	—	—		—	—	—	—		1	—	—	1		
		1	4	5	1	5		—	—	—	—		1	4	1	11		
		—	—	—	—	—		—	—	—	—		13	13	5	36		
		—	—	—	—	—		—	—	—	—		606	984	898	3,310		
3	Old Contacts...	Definitely Tuberculous— (a) Remaining on Register { 1. "A" cases* ... 2. "B" cases* ... (b) Died (c) Left County ... (d) Diagnosis not completed ... (e) Non-Tuberculous ...															62	
		15	17	6	5	6		1	—	1	—		16	17	6	45		
		4	8	—	—	—		—	—	—	—		4	8	—	12		
		1	—	—	—	—		—	—	—	—		1	—	—	2		
		1	—	—	2	—		—	—	—	—		1	—	2	3		
		—	—	—	—	—		—	—	—	—		3	4	—	8		
		—	—	—	—	—		—	—	—	—		382	797	814	2,795		
4	Transferred Cases ...	(a) From other Areas 1. "A" cases* ... 2. "B" cases* ... (b) To other Areas (other than 1 (c), 2 (c) and 3 (c))															448	
		99	81	4	13	4		5	7	1	2		104	88	6	212		
		141	86	—	1	—		4	1	2	1		145	87	3	236		
		280	207	5	12	5		6	10	1	2		286	217	13	523		
5	Cases Written Off Register (Old Cases only)	(a) Recovered ... (b) Died ... (c) Lost sight of ...																
		115	101	7	7	5		13	15	11	2		128	116	18	269		
		139	69	2	2	—		3	—	—	—		142	69	2	213		
		107	111	4	4	10		12	28	11	6		119	139	15	289		
6	Cases Lost Sight of Returned to Register	1. "A" cases* ... 2. "B" cases* ...															119	
		35	18	—	—	—		9	7	3	1		44	25	3	73		
		29	14	1	1	—		1	1	—	—		30	15	1	46		
7	Cases on Register on 31st December	(a) Definitely Tuberculous 1. "A" cases* ... 2. "B" cases* ... (b) Diagnosis not completed ...															9,080	
		2,097	1,889	266	266	218		186	225	124	105		2,283	2,114	390	5,110		
		2,189	1,518	3	3	6		47	52	17	12		2,236	1,570	20	3,844		
		—	—	—	—	—		—	—	—	—		49	62	7	126		

* "A" cases=sputum negative.

"B" cases=sputum positive.

No. of attendances at Chest Clinics (including Contacts) ...

No. of consultations with medical practitioners :—

(a) Personal ...

(b) Other ...

No. of visits by Chest Physicians to homes (including personal consultations) ...

No. of visits by Health Visitors to homes of T.B. patients ...

No. of referrals given at A.P. Clinics ...

(sessional average 39+).

A summary of the work of the individual Chest Clinics is given in the table which follows :—

Chest Clinic.	Population of Clinic Area (mid-year 1950).	No. of T.B. Cases on the Register on 1/1/51.	No. of New Cases Definitely T.B. (including contacts).	No. of T.B. Cases on the Register on 31/12/51.	No. of T.B. Cases on the Clinic Register per 1,000 Population on 31/12/51.	No. of Contacts Attending during 1951.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
						New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	62,150	701	52	672	10.81	194	292	486	2	5	7	168	3,749	22
Dorking ...	30,160	106	25	117	3.88	73	23	96	4	1	5	25	529	21
Egham ...	24,920	147	14	152	6.10	59	90	149	2	2	4	28	588	21
Epsom ...	96,450	622	97	639	6.63	191	187	378	2	3	5	114	2,654	23
Farnham ...	60,030	185	28	180	3.00	39	31	70	—	7	7	51	1,000	20
Guildford ...	110,090	580	68	573	5.20	170	177	347	6	1	7	164	3,711	23
Kingston ...	199,510	1,055	177	1,090	5.46	716	421	1,137	16	6	22	336	5,975	18
Merton and Morden ...	75,790	849	131	950	12.53	275	312	587	5	7	12	202	4,914	24
Milford ...	24,860	132	20	149	6.00	93	25	118	—	—	—	24	711	30
Mitcham ...	100,320	939	119	920	9.17	426	265	691	6	6	12	207	4,005	19
Mortlake ...	83,560	531	95	575	6.88	180	194	374	10	7	17	154	2,895	19
Purley ...	95,470	418	50	440	4.61	139	126	265	—	8	8	62	1,669	27
Redhill ...	106,900	408	55	428	4.00	128	149	277	—	—	—	64	1,425	22
Sutton ...	96,890	829	151	942	9.72	316	115	431	1	5	6	246	4,924	20
Weybridge ...	69,840	262	47	301	4.31	125	185	310	6	4	10	51	1,200	24
Wimbledon...	58,650	426	58	452	7.71	196	183	379	5	—	5	115	2,417	21
Woking ...	62,920	334	48	374	5.94	97	90	187	6	—	6	59	1,209	21

B.C.G. VACCINATION.

The following table shows the number of B.C.G. Vaccinations carried out in each Chest Clinic area during the year 1951.

Chest Clinic.						Total.
Carshalton	...	...	...	...	...	17
Dorking	...	...	...	...	...	17
Egham	...	...	...	...	...	15
Epsom...	...	...	...	...	...	104
Farnham	...	...	...	...	...	22
Guildford	...	...	...	...	...	66
Kingston	...	...	...	...	...	196
Merton and Morden...	...	...	...	...	...	171
Milford	...	...	...	...	...	16
Mitcham	...	...	...	...	...	171
Mortlake	...	...	...	...	...	92
Purley	...	...	...	...	...	—
Redhill	...	...	...	...	...	67
Sutton	...	...	...	...	...	176
Weybridge	...	...	...	...	...	11
Wimbledon	...	...	...	...	...	148
Woking	...	...	...	...	...	44
Total						1,333

BOARDING OUT OF CHILD CONTACTS.

The number of child contacts boarded out during the year was 231 (263) : 110 (150) new cases were boarded out and 109 (141) cases returned to their own homes during the year. The average duration of stay of the cases returning to their own homes during the year was 46 (38) weeks. 136 (168) contacts were boarded out with foster parents, 37 (32) were placed in privately-run nurseries and children's homes, and 58 (63) were placed in the Council's residential nurseries and children's homes.

(The figures in parentheses are the corresponding figures for last year.)

CARE ORGANISATION.

The organisation for the care of the tuberculous has remained unchanged since my previous report. The staff consists of the County Tuberculosis Care Organiser and nine District Tuberculosis Care Almoners, each of whom is attached to a Chest Clinic area of the County and works in close co-operation with the voluntary Tuberculosis Care Committees.

VOLUNTARY ASSOCIATIONS.

(i) *Care Committees.*

The following figures were submitted by the 20 District Tuberculosis Care Committees.

The total amount raised by the Care Committees was £6,920. In addition, they received grants amounting to £985 from the County Council on the basis of £1 for each £1 raised by voluntary effort up to a maximum of £50 to each Committee.

The main items upon which a total of £7,492 was spent were : bedding (£550), clothing (£783), food (£947), household goods (£414), training schemes (£292), pocket money to patients in sanatoria (£876) and fares for relatives to visit patients (£377).

(ii) *The Standing Conference of Surrey Tuberculosis Care Committees.*

The Standing Conference has continued to co-ordinate the work of the 20 District Care Committees and, for this purpose, meetings of delegates from the Care Committees have been held from time to time at County Hall throughout the year. The Deputy County Medical Officer and Tuberculosis Care Organiser have attended these meetings to maintain a close relationship between the official and voluntary side. The County Council's annual grant of £200 was again given to the Standing Conference to assist it to carry on its schemes for holidays for child contacts, art therapy, and similar schemes best dealt with centrally for the County as a whole. The Children's Holiday Scheme cost £1,300, towards which the Education Committee contributed £200. 210 children were again sent to Shephatch Camp School in Surrey by courtesy of the Education Department, whose staff at the School volunteered to look after the children for a fortnight.

The Art Therapy and Picture Library scheme of the Standing Conference continued at two hospitals in Surrey at a cost of £168.

With the co-operation of the Central Purchasing Department of the Council bedding was purchased by the Standing Conference at favourable prices for re-sale to the Care Committees.

PROVISION OF FREE MILK.

The cost to the County Council of the provision of milk free of charge to needy tuberculous patients was approximately £8,671 for the financial year.

OCCUPATIONAL THERAPY.

The establishment for the Section is the same as shown in the Report for 1950. Arrangements had been made for students to attend the Section in order to obtain practical experience in preparation for the Diploma of the Association of Occupational Therapists. Ten students attended for an average period of three months each during the year.

The organisation is, in the main, the same as in the previous year. An Exhibition in conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees was held at County Hall on 30th May. A Sale of patients' work was also held in Guildford by the British Red Cross Society and a considerable number of articles were sent and sold. A large number of articles have also been sold by the Women's Voluntary Services in their shop at New Malden. Entries have again been forwarded throughout the year to the National Association for the Prevention of Tuberculosis sponsored art competitions. The Jig-Saw Library has at present (31.12.51) thirty members. The Standing Conference pays the expenses (chiefly postages) for the running of the Library. The Occupational Therapy service was extended to Cuddington Hospital in July. An Occupational Therapist visits the hospital for one half day per week. The number of patients registered for occupational therapy during the year was 388. The Standing Conference and various Care Committees have again given valuable help both to the Section and to individual patients. The amount spent on materials during the year was £1,455 7s. 9d.

Generally, a high standard of work has been maintained, with the average number of visits per patient remaining high. The Table below shows the number of patients receiving occupational therapy on 31.12.51.

St. Helier Hospital	...	...	...	...	50
Redhill Hospital	...	...	...	...	26
Dorking Hospital	...	...	...	...	12
Cumberland Hospital	...	...	...	...	48
Broom Close Hospital	...	...	...	...	20
Cuddington Hospital	...	...	...	...	24
Out-patient Centres	...	...	...	...	50
Domiciliary	...	...	...	...	450
Postal	...	...	...	...	250
Total	...	...	...	...	930

MASS RADIOGRAPHY.

The following is extracted from the Report for the year 1951 of the Medical Director of the two Mass Radiography Units of the South West Metropolitan Regional Hospital Board, which cover Surrey, N.E. Hampshire, N. Sussex and Croydon.

(i) During the year under review, 96,504 persons attended for chest examination. 240 new cases of active pulmonary tuberculosis were discovered, giving an incidence of 2.5 per thousand persons examined (3.1 in 1950 and 3.9 in 1949).

(ii) A total of 40 surveys were completed within the year and the number of sessions offered to the public were increased considerably. Sessions where the general public were given an opportunity for examination were extremely well attended.

(iii) Detailed analysis of each survey is shown in Appendix "A" to this report, together with details of abnormalities which are given in Appendices "B" and "C."

(iv) The incidence of active pulmonary tuberculosis discovered among the various groups examined continues to show much variation as depicted in the following table:—

	General Public.		Industrial Groups.		College/School Groups.	
	Males.	Females.	Males.	Females.	Males.	Females.
No. attending for examination	17,415	28,293	29,280	16,181	3,107	2,228
No. of cases active Pulmonary Tuberculosis	59	80	60	34	4	3
Incidence per 1,000 examinees	3.4	2.8	2.0	2.1	1.3	1.4

(v) The difficulty of obtaining suitable premises for public sessions continues to be a great handicap. The position is steadily deteriorating owing to the increasing reluctance of various voluntary bodies to permit a unit to occupy their premises for more than a week or fortnight at any one time. The cost of hiring these premises is rising and local authorities that agree to allow use of their public halls for Mass Radiography are now seeking remuneration to cover overhead expenses, loss of revenue, etc.

The importance of continuing the policy of public sessions is shown by the higher incidence of Pulmonary Tuberculosis amongst people attending the Unit at these times.

The incidence of Pulmonary Tuberculosis in school groups examined continues to be low. Owing to the present heavy demand being placed upon these Units by the public and industrial concerns, it is not possible, at the present moment, to allot the School Medical Service sufficient time to accommodate the number of children of 15 years of age and over who normally are given facilities for chest X-ray examination. If the School Medical Service could tuberculin test children of the older age groups, the Mass Radiography Units would then be able to concentrate on those with a positive tuberculin reaction.

APPENDIX A.

Survey No.	Location.	*Type of Survey.	Number of persons examined on miniature films.			Abnormalities.					Number of cases awaiting ultimate diagnosis.			
			Males.	Females.	Total.	Active P.T.		Incidence per 1,000 examinees.	Inactive P.T.			Non-tuberculous.		
						Males.	Females.		Males.	Females.		Males.	Females.	
1	Claygate Factory Group†	B.	16	30	46	—	—	Nil	—	—	—	26	—	—
2	Brookwood Hospital†...	D.	567	595	1,162	1	1	1.7	13	40	15	40	1	—
3	Mitcham Factory Group	B.	364	485	849	3	2	5.9	19	23	9	23	11	—
4	Petersham and Ham District	A.	896	748	1,644	4	3	4.3	26	30	32	30	22	—
5	Kew Factory Group	B.	392	116	508	1	—	2.0	17	4	27	4	2	—
6	Barnes District	A.	1,393	1,629	3,022	4	7	3.6	57	62	70	62	48	—
7	Waddon Factory Group	B.	1,017	779	1,796	4	3	4.0	36	23	63	23	15	—
8	Leatherhead Factory Group	B.	1,150	636	1,786	4	—	2.2	36	16	55	16	15	—
9	R.A.E., Farnborough...	B.	3,555	654	4,209	6	5	2.6	182	22	167	22	20	—
10	Mitcham Factory Group	B.	1,512	1,141	2,653	4	1	1.9	70	42	77	36	36	—
11	Farnborough District ...	A.	1,067	1,698	2,765	2	3	1.8	29	59	47	60	60	—
12	Banstead District	A.	888	1,132	2,020	3	3	3.0	16	24	37	25	37	—
13	Haslemere District	A.	935	794	1,729	3	—	1.7	39	19	57	27	27	—
14	Kingston Factory Group	B.	1,048	1,286	2,334	1	2	1.3	54	44	52	44	44	—
15	Weybridge Factory Group	B.	2,227	609	2,836	7	—	2.5	91	18	140	26	26	—
16	South Norwood District	A.	1,345	1,578	2,923	1	4	1.7	48	54	59	37	37	—
17	Chertsey Factory Group	B.	551	86	637	1	—	1.5	14	3	43	2	2	—
18	Camberley District	A.	1,054	1,145	2,199	2	4	2.7	47	33	87	47	47	—
19	Raynes Park District ...	A.	619	765	1,384	2	3	3.6	26	23	19	17	17	—
20	Addlestone Factory Group	B.	1,260	393	1,653	1	—	.6	64	9	104	13	13	—
21	Mitcham District	A.	3,444	3,757	7,201	11	15	3.6	132	103	134	59	59	—
22	Thornton Heath Factory Group	B.	1,693	458	2,151	1	—	.5	94	20	132	21	21	—
23	Worcester Park District	A.	606	1,050	1,656	3	—	1.8	35	41	32	31	31	—
24	New Malden Factory Group	B.	725	587	1,312	1	1	1.5	23	11	39	12	12	—
25	Surbiton District	A.	801	1,070	1,871	—	4	2.1	56	46	37	58	58	—
26	Croydon District	A.	4,233	4,738	8,971	10	10	2.2	169	153	233	108	108	—
27	Oxted District ...	A.	664	590	1,254	1	—	.8	20	8	54	20	20	—
28	Lingfield Colony	D.	357	169	526	—	—	Nil	17	1	23	5	5	—
29	Sutton District	A.	1,653	2,349	4,002	8	6	3.5	66	103	117	91	91	—
30	Morden Factory Group	B.	665	885	1,550	2	1	1.9	41	20	20	20	20	—
31	Guildford District	A.	2,793	4,614	7,407	3	10	1.8	104	141	182	171	171	—
32	Morden District	A.	1,439	2,374	3,813	6	8	3.7	50	65	57	36	36	—
33	Holloway College	C.	24	288	312	—	—	Nil	1	5	1	6	6	—
34	Salford Factory Group	B.	953	499	1,452	2	3	3.4	38	8	31	12	12	—
35	Kingston District	A.	2,658	3,187	5,845	10	9	3.2	93	97	111	88	88	—
36	South Croydon District	A.	1,119	1,557	2,676	4	6	3.7	40	46	42	24	24	—
37	Chessington Factory Group	B.	1,189	482	1,671	—	—	Nil	41	15	70	17	17	—
38	Thames Ditton Factory Group	B.	1,135	882	2,017	3	2	2.5	44	26	52	8	8	—
39	Hersham Factory Group	B.	803	255	1,058	1	—	1.0	9	3	43	4	4	—
40	Totworth Factory Group	B.	992	612	1,604	3	1	2.5	42	18	30	5	5	—
	Totals		49,802	46,702	96,504	123	117	—	1,999	1,480	2,600	1,289	1,289	46

Key to Symbols : * Type of Survey : A—General Public, Factory Workers, Clerical Staff and School Children.

B—Factory Workers, Clerical Staffs only.

C—Students and School Children only.

D—Hospital Staff and Patients only.

† These surveys commenced in December, 1950. Only 1951 figures are shown.

APPENDIX B.

*Age Group Analysis.**(i) All Persons Examined.*

Sex	14 and under	15 to 24	25 to 34	35 to 44	45 to 59	60 and over	TOTAL
Males	2,441	10,027	13,592	11,451	9,845	2,446	49,802
Females	1,844	14,440	11,032	9,353	8,314	1,719	46,702
Totals	4,285	24,467	24,624	20,804	18,159	4,165	96,504
Percentage ...	4.4%	25.3%	25.6%	21.6%	18.9%	4.3%	—

(ii) All Persons Discovered with Active Pulmonary Tuberculosis.

Sex	14 and under	15 to 24	25 to 34	35 to 44	45 to 59	60 and over	TOTAL
Males	2	24	46	25	16	10	123
Incidence per 1,000 examined	0.8 °	2.4	3.4	2.2	1.6	4.0	—
Females... ..	2	52	29	18	14	2	117
Incidence per 1,000 examined	1.0	3.6	2.6	2.0	1.7	1.2	—

APPENDIX C.

*Analysis of Abnormalities Revealed.**(i) Active Pulmonary Tuberculosis.*

	Males.	Females.
Primary disease	5	7
Post-primary disease	117	107
Tuberculous pleural effusion	1	3

(ii) Active Pulmonary Tuberculosis (showing extent of lesion and presence or absence of symptoms).

		Males.	Females.
Unilateral disease {	With symptoms ...	35	33
	Without symptoms ...	39	45
Bilateral disease {	With symptoms ...	31	23
	Without symptoms ...	18	16

(iii) Inactive Pulmonary Tuberculosis.

	Males.	Females.
Primary disease	1,159	892
Post-primary disease	840	588

(iv) *Non-Tuberculous.*

	Males.	Females.
Congenital abnormalities of bony thorax and lungs	407	377
Chronic bronchitis and emphysema	297	57
Pneumonia—lobar (non T.B.)	1	—
Non-specific pneumonitis	59	43
Bronchiectasis	83	47
Pulmonary Fibrosis (non T.B.)... ..	14	7
Pneumoconiosis	22	—
Pleural thickening	1,245	356
Pleural and interlobar effusion (non T.B.)	3	2
Spontaneous pneumothorax	2	—
Intrathoracic new growth	23	7
Cardiovascular lesions—congenital	24	14
Cardiovascular lesions—acquired	200	236
Miscellaneous	220	143

APPENDIX D.

(i) *Number of Persons Recalled for Subsequent Examination.*

Total number of persons recalled for large film examination was 4,760 (4.9 per cent.).

Total number of persons recalled for clinical examination was 1,231 (1.3 per cent.).

(b) *Recuperative Holidays.*

The scheme to enable patients who have recently received a period of in-patient treatment in hospital or who are suffering from tuberculosis or mental illness and are recommended by the Chest Physician and Psychiatrist respectively to receive a recuperative holiday at a holiday home continued during the first part of the year, but owing to a very considerable increase in the number of recommendations received, coupled with an almost general increase in the charges made by Holiday Homes for maintenance, the scheme had to be suspended on the 17th November, 1951, for the remainder of the financial year ended 31st March, 1952. The Council at their December meeting decided to increase the charge which all patients, except those suffering from tuberculosis, are required to pay towards the cost of their maintenance from £1 1s. 0d. to £1 5s. 0d. per week; those claiming to be unable to pay this charge are required to submit a statement of their financial circumstances on which the amount they are asked to pay is assessed.

The Council have decided that as from the beginning of the next financial year they will accept financial responsibility for recuperative holidays only for the following groups:—

Hospital in-patients who require a holiday mainly on social grounds.

Hospital out-patients.

Patients suffering from tuberculosis or mental illness who are recommended a holiday by a Chest Physician or Psychiatrist respectively.

Mothers and young children are dealt with under Section 22 of the National Health Service Act and school children under the Education Act.

Particulars of the cases dealt with during the year ended 31st December, 1951, are as follows:—

Total number of patients sent to Holiday Homes	293
Total cost (excluding contributions by patients)	£2,270 8s. 3d.
Length of stay : 1 week	14 patients.
2 weeks	179 „
3 weeks	78 „
4 weeks	18 „
over 4 weeks	4 „

(c) *Nursing Equipment.*(i) *LOANS.*

Under the agreement concluded between the County Council and the County Branch of the British Red Cross Society, the Society has continued to maintain at an approved standard medical loan depots throughout the County from which nursing equipment can be borrowed for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required. The number of Depots maintained throughout the year was 47. Altogether a total of 7,455 loans of nursing equipment were made during the year.

Similar arrangements have been concluded with the St. John Ambulance Brigade for them to enter the scheme as from 1st May, 1952.

(ii) PURCHASE.

In cases where a patient needs an article of nursing equipment permanently, the County Council have agreed to supply it provided an undertaking is given to repay the full cost, which in the case of the more expensive articles may be made by instalments. In necessitous cases the article is provided and the patient is assessed by the County Treasurer as to the amount, if any, required to be contributed.

(d) Venereal Diseases.

The former County Council Clinics at Guildford, Woking, Redhill, Carshalton and Kingston were continued during the year by the respective Hospital Management Committees and no important changes were made in the days and times of sessions. The duty of persuading defaulters to resume attendance and of securing the attendance of persons exposed to infection continued to be exercised by the Council's Special Services Visitor.

Information as to Surrey residents having been treated at Clinics is obtained from the annual return which is made by the Medical Officer of the Clinic to the Ministry of Health, copies of which the Medical Officer is required to send to the Medical Officer of Health of each County and County Borough in which patients treated at the Clinic reside.

The following summarises the information received :—

1951	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis... ..	13	8	2	38	2	6	36	105
	(17)	(6)	(11)	(27)	(8)	(12)	(29)	(110)
Gonorrhœa	14	3	3	23	5	8	67	123
	(22)	(3)	(3)	(21)	(10)	(17)	(100)	(176)
Other conditions	190	10	44	383	74	105	660	1,466
	(195)	(15)	(58)	(843)	(112)	(113)	(766)	(2,102)
Totals	217	21	49	444	81	119	763	1,694
	(234)	(24)	(72)	(891)	(130)	(142)	(895)	(2,388)

The figures in brackets relate to the year 1950

A further decrease in the number of new cases of venereal disease amongst Surrey residents attending clinics in the County occurred during 1951 as the following table shows :—

Year.	Syphilis.	Gonorrhœa	Other Conditions.*	Total.
1945	128	210	1,337	1,675
1946	143	239	1,216	1,598
1947	136	181	1,065	1,382
1948	105	119	1,227	1,451
1949	80	75	1,099	1,254
1950	69	59	1,223	1,351
1951	63	48	701	812

* The great majority of these conditions are not venereal.

(e) Public Education in Health.

The duty of carrying out functions connected with health education is referred to Divisional Health Sub-Committees. The methods used and the activity shown have varied considerably between various areas.

In general, the urban areas have found it easier to organise formal approaches to the public than in the more rural areas. These approaches have mainly taken the form of lectures and film displays to various organised bodies. Attendances at such meetings vary, but an average of 50 persons is usual. This is an indication of the limitations of such methods of approach. The services of a professional speaker have been employed for most lectures, but in a number of instances members of the County Health Staff have addressed meetings themselves. Much use has been made of the resources of the Central Office of Information for the loan of films. These have hitherto been supplied

free but it is understood that in future a charge is to be made. Use has been made of press advertisements and posters, particularly in relation to diphtheria immunisation. In one area arrangements were made to conduct parties of senior school children round clinics and nurseries with a view to giving them an insight of the workings of the preventive health service.

HOME HELPS.

(a) Administration of the Scheme.

The principal features of the County Council's scheme for the provision of Home Helps remains as in previous years.

The service is organised on a divisional basis. There are full time supervisors in the Central, Northern, North Central, North Eastern, North Western and South Western Divisions, and part time supervisors in the Southern, South Eastern and Mid Eastern Divisions. Assistant Supervisors have been appointed in the North Eastern (3), Central (1), and North Central (1) Divisions.

(b) Establishment.

The establishment of equivalent full-time Home Helps for the County for the financial year ending March, 1952, remained at 557.7 and their allocation between each of the Health Divisions also remained the same as the allocation for the previous year. The average number of equivalent full-time Home Helps employed weekly throughout the year was 463.

(c) Supervision.

During the year the Divisional Supervisors paid 4,990 first visits, 12,853 revisits and 2,604 miscellaneous visits in connection with the scheme.

(d) The Work of the Scheme.

The scope of the work of the service is indicated in the accompanying statistical table on page 45. This table of statistics shows divisionally the average number of home helps and the average number of equivalent full-time Home Helps employed weekly, together with the total number of cases dealt with during 1951.

MENTAL HEALTH SERVICES.

(a) Organisation of the Mental Health Services.

(i) CONSTITUTION AND MEETINGS OF MENTAL HEALTH SERVICES SUB-COMMITTEE.

The constitution and responsibilities of the Mental Health Services Sub-Committee of the County Health Committee remain the same as described in my Reports for the years 1948-50. There were seven meetings of the Sub-Committee during 1951.

(ii) ADMINISTRATION AND STAFFING.

The administration and staffing of the service remain the same as described in my Report for 1948 except firstly that an additional appointment of an Authorised Officer has been made which enabled a night-duty rota to be introduced in the Metropolitan area of the County; and secondly that an additional Assistant Authorised Officer has been appointed to assist in the ex-Metropolitan part of the County.

(iii) CLINICS.

Under arrangements made by the South-West Metropolitan Regional Hospital Board, out-patient psychiatric clinics are held at a number of hospitals in the County. All such clinics—mentioned in the Report for 1950—continued but, in addition, sessions were started at Dorking County Hospital, Horsham Road, Dorking.

Mental deficiency clinics under the direction of the Physician-Superintendents of the Royal Earlswood Institution and Botleys Park Hospital were held at Redhill County Hospital and St. Luke's Hospital, Guildford, respectively.

(iv) TRAINING OF MENTAL HEALTH WORKERS.

Owing to the fact that there were insufficient applications from local health authorities for training facilities, the National Association for Mental Health found it impossible to organise their special revision course for Authorised Officers during 1951. The existing Authorised Officers are experienced men, but in the absence of any specific course of training or avenue of entrance for this work it is likely to become increasingly difficult to fill vacancies with suitable persons. The establishment contains one clerical post which provides an opportunity for "in-training" and this is of considerable value. In the absence of specially appointed mental health workers, much of the mental health work in the field is carried out by general health visitors. Special attention is being paid to this subject in the training courses for student health visitors which are run by the County Council.

(b) Work of the Mental Health Service.

(i) LUNACY AND MENTAL TREATMENT.

Ascertainment, Care and Disposal.

The following table shows the number of cases reported to the Authorised Officers for action under the Lunacy or Mental Treatment Acts during 1951 and how the cases were dealt with:—

Number of cases reported by doctors, relatives, etc., for action as mental patients, 2,533.

No Lunacy Action after enquiry or referred to other Departments, etc.	Cases examined and dismissed by Justices.	3 Day Order, Sec. 20, L. Act.	14 Day Order, Sec. 21, L. Act.	Voluntary patient, Sec. 1, M.T. Act.	Temporary patient, Sec. 5, M.T. Act.	Urgency Orders, Sec. 17, M.T. Act.	Certified by Justices, Sec. 16, L. Act.
547	190	178	13	366	101	352	786

In addition to these cases information has been received from the Mental Hospitals that 890 Surrey voluntary patients were admitted direct from their homes or from the out-patient clinics without the assistance of the Authorised Officers.

Designated Beds (Section 20, Lunacy Act, 1890).

During 1951 the only accommodation available under Section 20 of the Lunacy Act, 1890, consisted of six male beds at Kingston Hospital.

Reference was made in the Annual Report for last year to the difficulties arising from such a situation. The position was improved to some extent, however, by the opening of five beds for female patients at St. Helier Hospital on 1st April, 1952.

(ii) MENTAL DEFICIENCY.

During the year the Council continued to provide statutory and voluntary supervision, guardianship care and training in occupation centres for mental defectives living in the community, as well as taking all the necessary steps in connection with the admission of defectives to institutions, where such action was found to be necessary.

Case Work.

During 1951, 62 petitions were presented for Orders sending defectives to institutions or placing them under guardianship. Orders were obtained in all these cases with one exception, where the petition was withdrawn on the advice of the Justice after he had made full enquiry into it. In addition, in 60 cases assistance was given to the relatives of defectives in completing the formalities under Section 3 of the Mental Deficiency Act and 10 cases were admitted to institutions on the authority of Orders made by courts under Section 8 of the Act. No cases were admitted as the result of Orders made by the Home Secretary.

The year 1951 has seen a small reduction in the number of mental defectives on the waiting list for institutions, the number on the 31st December, 1951, being 84 as compared with 100 twelve months before.

Surrey patients are still being received mainly at the following institutions :—

The Manor Hospital, Epsom.
The Royal Earlswood Institution, Redhill.
The Fountain Hospital, Tooting.
Botleys Park Hospital, Chertsey.

The following table gives particulars of mental defectives on the Council's register on the 31st December, 1951 and of all new cases coming to the notice of the Council. In addition it shows how these cases were dealt with :—

A. Particulars of Cases Reported During 1951.

								Under age 16.		Aged 16 and over.	
								M.	F.	M.	F.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—											
(i) Under Section 57 (3)								46	39	—	—
(ii) Under Section 57 (5) :—											
On leaving special schools								8	3	—	—
On leaving ordinary schools... ..								8	8	—	—
(b) Cases referred by the police or by the Courts under Section 8 (1) (a) (or as a result of other action by the Courts)								—	1	4	3
(c) Other defectives reported during 1951 :—											
(i) found "subject to be dealt with"								15	11	7	17
(ii) not at present "subject to be dealt with"								8	7	8	19
Total number of cases reported during the year								85	69	19	39

B. Disposal of Cases Reported During 1951.

(a) those found "subject to be dealt with" :—											
(i) Placed under Statutory Supervision								44	43	1	—
(ii) Placed under Guardianship								—	—	—	1
(iii) Taken to "Places of Safety"								1	—	—	2
(iv) Admitted to Institutions								21	18	10	15
(v) Died or removed from area								1	—	—	—
(vi) Action not yet taken								10	1	—	2
(b) those not at present "subject to be dealt with" :—											
(i) Placed under Voluntary Supervision... ..								6	5	4	13
(ii) Later found not to be defective								—	—	—	—
(iii) Died or removed from area								—	1	—	1
(iv) Action unnecessary								—	—	4	5
(v) Action not yet taken								2	1	—	—
Totals								85	69	19	39

C. Total Number of Cases on Register as at 31st December, 1951.

(a) Cases "subject to be dealt with" :—											
(i) Under Statutory Supervision								169	156	148	125
(ii) Under Guardianship								—	1	38	52
(iii) In "Places of Safety"								1	2	—	2
(iv) In Institutions								180	129	667	648
(v) Action not yet taken								10	5	—	3
(b) Cases not at present "subject to be dealt with" :—											
(i) Under Voluntary Supervision								6	10	119	168
(ii) Action unnecessary								6	4	220	181
Totals								372	307	1,192	1,179

D. *Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1951.*

								Under age 16.	Aged 16 and over		
								M.	F.	M.	F.
(1) In urgent need of institutional care :—											
(i)	cot and chair cases	...	...	...	...	...	...	—	—	—	—
(ii)	ambulant low grade cases	...	...	...	...	...	...	—	2	—	—
(iii)	medium grade cases	...	...	...	...	...	...	—	—	1	1
(iv)	high grade cases	...	...	...	...	...	...	—	—	—	—
(2) Not in urgent need of institutional care :—											
(i)	cot and chair cases	...	...	...	...	...	...	2	1	—	—
(ii)	ambulant low grade cases	...	...	...	...	...	...	12	19	5	15
(iii)	medium grade cases	...	...	...	...	...	...	3	4	6	13
(iv)	high grade cases	...	...	...	...	...	...	—	—	—	—
Totals								17	26	12	29

Of the cases included in (D), number in need of institutional care *only* because of poor environment :—

(i)	medium grade cases	...	...	...	...	...	...	Nil			
(ii)	high grade cases	...	...	...	...	...	...
Totals								—	—	—	—

Of the cases included in (C) items (a) (i) and (ii) and (b) (i), number considered suitable for :—

(i)	occupation centre	...	...	...	...	...	...	105	93	26	60
(ii)	industrial centre...	...	...	...	...	...	...	—	—	—	—
(iii)	home training	...	...	...	...	...	...	—	—	—	—
Totals								105	93	26	60

Number of cases receiving training on 31st December, 1951 :—

(i)	in occupation centre	...	...	...	...	...	...	71	68	21	44
(ii)	in industrial centre	...	...	...	...	...	...	—	—	—	—
(iii)	at home	...	...	...	...	...	...	—	—	—	—
Totals								71	68	21	44

Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951.

								M.	F.	T.
(a)	Ceased to be under care	...	...	...	...	...	...	25	20	45
(b)	Died, removed from area, or lost sight of	...	...	...	...	...	...	29	29	58
Total								54	49	103

Of the total number of Mental Defectives under supervision or guardianship or no longer under care.

(a)	Number who have given birth to children while unmarried during 1951	...	...	...	...	...	...	2	
								Males.	Females.
(b)	Number who have married during 1951	...	...	...	...	...	...	1	—

Occupation and Training Centres.

The number of centres in Surrey was not increased during 1951 but considerable progress was made in negotiations for the acquisition of premises for centres at Weybridge, Ewell and Sutton ; in fact, the new Weybridge Centre was opened on the 21st January, 1952.

The five centres which were in operation at the end of the year are set out below :—

Purley	...	...	Railwaymen's Hall, Whytecliffe Road, Purley.
Kingston	...	...	Methodist Church Hall, Victoria Road, Kingston.
Wimbledon	...	...	Trinity Hall, The Broadway, Wimbledon, S.W.19.
Carshalton	...	...	St. Peter's Hall, Bishopsford Road, Morden.
Guildford	...	...	St. Francis' Hall, Foxburrows Avenue, Guildford.

In addition, four defectives from the Reigate-Redhill-Horley area were able to attend at the Royal Earlswood Institution, Redhill on a daily basis, the Council being financially responsible for their conveyance to and from their homes. This arrangement works very well and provides occupation and training for cases in this area which urgently need such training and would not be able to reach any of the present occupation centres.

WELFARE SERVICES.

The County Medical Officer continues to be responsible to the County Welfare Committee for the health and medical aspects of the services which they provide and, in particular, for the services provided under Section 29 (Welfare arrangements for blind, deaf, dumb and crippled persons, etc.) and Section 30 (voluntary organisations for disabled persons' welfare) of the National Assistance Act.

(a) Blind Welfare.

(i) REGISTRATION OF THE BLIND.

The number of blind persons whose names were on the Register at the end of 1951 was 2,123 as compared with 1,981 at the end of 1950.

The following figures of new cases registered in the year and of persons in each age group on the Register were compiled for statistical purposes as at 31st March, 1952.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	0	0	0	0	1	1
1... ..	1	1	2	2	2	4
2... ..	1	0	1	2	0	2
3... ..	1	0	1	1	5	6
4... ..	0	0	0	1	3	4
5—10	1	1	2	14	14	28
11—15	0	1	1	9	9	18
16—20	1	0	1	12	13	25
21—30	5	2	7	40	36	76
31—39	5	3	8	71	53	124
40—49	8	7	15	96	76	172
50—59	11	12	23	129	135	264
60—64	5	10	15	62	97	159
65—69	8	10	18	88	111	199
70 and over	75	146	221	358	715	1,073
Unknown	—	—	—	1	1	2
	122	193	315	886	1,271	2,157

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 255. They are visited periodically by the Home Teachers and, when necessary, the Welfare Officer for the Blind in co-operation with the Ministry of Labour and National Institute Employment Department arranges for their training and subsequent employment.

(ii) HOME TEACHERS FOR THE BLIND.

Ten certificated Home Teachers are employed by the County Council and their duties include the visitation of persons in their homes, tuition in reading and writing embossed type, handicrafts and assisting them to overcome the handicap of blindness. In addition, several Home Teachers hold Handicraft Classes weekly or fortnightly and also arrange for those who desire Social Activities to become Members of Clubs for the Blind which are organised by local voluntary Committees.

(iii) TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

Children.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 17 children under school age, two are maintained in Sunshine Homes by the County Council and, of the 45 blind children of school age in the County, 22 attend Schools for the Blind, two attend the Rudolf Steiner School in Scotland, five are not at school and 16 are ineducable on account of other defects, 10 being in mental hospitals and mental deficiency institutions.

Workshop and Home Employment.

In conjunction with the National Institute for the Blind Employment Department and the Ministry of Labour, the Welfare Officer for the Blind promotes the Rehabilitation and Training of registered blind and certain Partially Sighted Persons with a view to subsequent employment in sheltered or open industry. There are at present 16 blind persons employed in Workshops for the Blind, 58 engaged in work at home under the Home Workers Scheme and 220 persons employed in a variety of "open" trades and professions. The County Council continues to supplement the weekly earnings of blind persons employed in Workshops for the Blind by means of capitation fees paid to the Workshop Management Committee.

The County Council also augments the earnings of those who are approved Home Workers but no financial responsibility falls on the Council for any blind person employed under "unsheltered" conditions.

(iv) SURREY VOLUNTARY ASSOCIATION FOR THE BLIND AND GENERAL SOCIAL WELFARE.

Close co-operation continues to exist between the County Council and the Voluntary Association whose Honorary Secretary is the officer in charge of the Blind Welfare section of the Health Department.

During the year the Association has acquired a property at Surbiton which is to be adapted to provide self-contained bed-sitting rooms each for the use of one blind person living alone or for two persons who will consent to share a room. It is intended that this Hostel will be run on similar lines to "Camden House," East Molesey, which has been open since 1948.

The British Wireless for the Blind Fund continues to provide wireless sets and the Surrey Voluntary Association for the Blind spent £840 16s. 1d. during the past year on maintaining these sets. A further £1,094 0s. 8d. was expended on the provision of materials for teaching and handicraft purposes; £319 10s. 0d. on holiday grants and £2,887 3s. 0d. on loans to blind persons setting up or extending their own businesses. Charity pensions payable to certain blind persons are administered by the Association and financial assistance is accorded to the Local Committees who organise the Social activities and Summer Outings.

(b) Other Handicapped Persons.

While the Minister has made it a duty for local authorities to exercise their powers under Section 29 in respect of blind persons, he has not so decided in respect of the deaf and dumb and other handicapped groups. The County Council has not formulated a scheme in respect of these other groups, but it continues to make grants to various voluntary bodies which have for a number of years carried out social welfare work amongst them.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year, the Committee approved the registration, or alteration in registration, of thirteen Nursing Homes. Three were Homes first registered during the year. On the 31st December, 1951, there remained 77 registered Nursing Homes and twelve exempted Homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The County Council as local health authority are responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them. At the end of the year 1951 the following number of premises and of persons had been registered:—

	Number registered at 31.12.1951.	Number of children provided for.
Premises	9	211
Daily Minders	47	455

MILK AND DAIRIES.

(a) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Under these regulations, the County Council is responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which it is the Food and Drugs Authority. The total number of pasteurisers licences in force on 31st December, 1950, was twenty.

During the year 1951, three new licences were granted. In one instance the application was in respect of premises where a licence had been in existence prior to change of licensee. Two establishments ceased to pasteurise milk during the year; the total number of pasteurisers licences in force on 31st December, 1951, therefore, remained at twenty.

No licences in respect of sterilised milk have been granted or renewed.

Sanitary Inspectors of the Councils of County Districts within the area for which the County Council is the Food and Drugs Authority have continued to give valuable co-operation by acting as agents for the County Council, both in carrying out investigations prior to granting a new licence and in taking milk samples, and also in making routine inspections of premises for which licences are held.

The following gives details of the routine sampling of pasteurised milk :—

					<i>Pasteurised.</i>	<i>Tuberculin-Tested (Pasteurised).</i>
No. of Milk Samples taken	...	...	...	...	910	50
Failed Phosphatase test only	...	...	...	...	30	2
Failed Methylene Blue test only	...	...	...	...	12	—
Failed both tests	...	...	...	...	2	—

(b) Tubercle Infected Milk.

Thirteen reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received during the year, two less than the previous year.

One group of cases of gland infection was reported during the year where following investigations there was considerable evidence that the infection had been caused by the consumption of tubercle infected milk. The milk in question was reported on biological examination to be positive for tubercle bacilli and is included in the thirteen positive samples mentioned above. Veterinary inspection of the herd involved led to the discovery of the infected animal.

In my report for last year I mentioned that the County Health Committee had recommended to the Public Control Committee that four samples of milk should be taken each year from each milk producer in Surrey for biological examination as to the presence of tubercle bacilli, where the milk was not subsequently heat-treated before sale to the public. Further consultation with all the District Councils revealed the fact that many of these authorities were already carrying out considerable biological testing of milk and all agreed to do so in future on the scale mentioned. It was therefore unnecessary for the County Council to take any samples for this particular examination and the numbers taken by the District Councils are summarised below with the results :—

<i>Description of Milk.</i>				<i>Number of Samples Examined.</i>	<i>Number Positive to Tubercle Bacilli.</i>	<i>Percentage Positive to Tubercle Bacilli.</i>
Tuberculin tested	...	...	...	446	—	—
Accredited	...	...	...	94	1	1.06
Undesignated	...	...	...	349	13	3.72

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944 ...	51

There were no new applications in respect of either Sewerage Schemes or Water Supply Schemes from local authorities for the Council's recommendation to the Ministry of Health under Section 2(2) of the Act during 1951.

REFUSE DISPOSAL.

Under Section 94 of the Surrey County Council Act, 1931, any local authority seeking to deposit or otherwise dispose of any refuse in the area of another local authority in the County must secure the consent both of the County Council and of the local authority in whose area such deposit or disposal is intended to be made.

No new applications for the depositing of refuse under this section were received during the year ; seven renewals were however granted.

The total number of approved refuse dumps in the County is now ten and all are conducted satisfactorily.

An experiment of considerable interest is at present being carried out in the Egham district. If successful, it is likely to go a long way towards solving two problems of a quite different nature. The excavation of gravel beds adjacent to the Thames has given rise to large areas of water which are difficult to reclaim. At the same time, a number of local authorities are faced with an acute problem with regard to the disposal of their refuse owing to the progressive filling in of all suitable tipping sites in urban areas. The tipping of ordinary household refuse into wet pits has hitherto been unsuccessful owing to the intolerable smell created by the reduction of sulphates to sulphides by anaerobic bacteria. In the experiment referred to, a number of Surrey urban areas are now transporting their refuse to Egham where it is being dumped into a large gravel pit. By means of a simple apparatus the water is kept continuously aerated, thus rendering the conditions in the pit unfavourable for the multiplication of anaerobic bacteria. It is too early yet to say whether the experiment will be successful, but early results are encouraging.

FOOD AND DRUGS ACTS, 1938-50.

I am indebted to the Chief Officer of the Public Control Department for the following report on the work of his department in respect of the above Acts.

The Surrey County Council is the Food and Drugs Authority for nineteen of the thirty-three county districts in the Administrative County.

The following table gives particulars of samples taken within the Council's Food and Drugs Area during 1951 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1950 and 1949 are also given :—

Year.	Estimated population.	Milk.				Food other than Milk.		Drugs.		Totals.			
		Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.
1951	584,046	1,445	140	2.48	9.69	371	39	52	4	1,868	183	3.20	9.79
1950	581,520	1,443	143	2.48	9.91	408	33	13	—	1,864	176	3.21	9.44
1949	563,560	1,454	127	2.58	8.73	398	34	15	1	1,867	166	3.31	8.89

In classifying the samples as either genuine or adulterated or irregular, the Public Analyst has taken into consideration all relevant Regulations and Orders made under the Defence Regulations as well as under the Food and Drugs Acts, 1938-50.

Altogether 102 varieties of food and 25 different drugs were sampled. For the third year in succession all samples of spirits (33) taken were found genuine. There were 10 successful prosecutions and appropriate administrative action was taken in each case where a sample showed an irregularity.

Misleading and Incorrect Labels on Food.

The Defence (Sale of Food) Regulations, 1943 and 1945, make it an offence to sell food bearing a false or misleading description, whilst the Labelling of Food Order, 1950, provides that labels on pre-packed food sold by retail shall specify particulars of the packer or labeller including a list of ingredients in the order of their proportion unless the actual quantities or proportions are stated.

The perusal by sampling officers of labels on pre-packed food for sale in shops forms, therefore, an important part of their duties in safeguarding the interests of the public although only 13 infringements have been detected this year.

A number of minor labelling irregularities were also found, such as failure to indicate the packer's name or an incorrect list of ingredients. Errors of this kind are usually dealt with by notification to the Food and Drugs Authority in the area of the manufacturer concerned.

THE SCHOOL HEALTH SERVICE.

The work of the School Health Service continued in 1951 on similar lines to those outlined in previous reports. The day-to-day administration of the service is in the hands of the Divisional Medical Officers of the nine Divisional areas but certain services, notably child guidance and speech therapy, are still administered centrally. The nine Health Divisions are the same as those of the Education Divisional Executives and this ensures a close integration of the school and personal health services.

AREA AND POPULATION.

Since 1st April, 1945, the Council have been the Local Education Authority for primary, secondary and further education for the whole of the Administrative County.

The population of the Administrative County at the Census in April, 1951, was 1,351,963 and the estimated population at mid-year 1951 was 1,355,700. At mid-year 1951, there were 151,908 children on the registers of 465 primary and 142 secondary maintained schools. This represents an increase of 5,288 in the number of children on the school registers compared with the respective figures for 1950. At the end of the year, 1,370 places were available in 20 nursery classes and 17 nursery schools for children between the ages of three and five years.

MEDICAL INSPECTION.

(a) Maintained Schools.

Under the provisions of the Education Act, 1944, it is the duty of the local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school or County College maintained by them, and the Authority may require the parent of any pupil in attendance at such school, to submit the pupil for medical inspection in accordance with the arrangements made by the authority. Although the Act thus places a legal obligation on the parent to submit the child for examination, the parent is free to refuse treatment, if he so desires.

The Minister has determined by Regulation that arrangements for periodic medical inspection shall be such that :—

- (i) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission. (Entrants group.)
- (ii) Every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school. (Second age group.)
- (iii) Every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school. (Third age group.)
- (iv) Every pupil attending a maintained School or County College shall be inspected on such occasions as the Minister may from time to time direct, or the authority, with the approval of the Minister, may determine. (Other periodic inspections.)

In addition to carrying out the first three of the above requirements, routine medical inspection of children in Surrey schools is carried out, with the Minister's approval, during the year in which they attain the age of eight (included under "other periodic inspections" in Table I). Pupils in Grammar schools are also examined on entry unless already seen at eleven years of age, within one year, and at 13 years, whilst pupils at Junior Technical, Day Commercial and Art Schools are examined on entry and during the last year of attendance.

The number of children examined in primary and secondary schools was 65,531 and 37,796 parents were present at these routine inspections. Further details of periodic and other medical inspections carried out during the year at maintained schools are shown in Table I.

(b) Independent Schools.

Medical inspection and treatment and dental inspection of children attending independent schools is made available on application by the principal and subject to the school itself being considered efficient.

AUDIOMETRY.

Plans for developing the use of the gramophone audiometer in the routine testing of the hearing of school children were approved by the Committee and put into operation in January, 1952. The scheme is designed to estimate the number of deaf and partially deaf children in the school population in order that the cause of deafness might be treated and to enable such special educational treatment as may be necessary to be provided.

The tests will be conducted in the school, wherever practicable and groups of 20 children will be tested at one time. Children who fail to reach the required hearing standard will be referred for more detailed examination by the assistant medical officers. It is expected that a fair proportion of children so referred will be suffering from some minor complaint such as wax in the ears, which will be easily treated. Others may need more extensive examination by an aural surgeon and ultimately special educational treatment such as a favourable position in the classroom, instruction in lip reading or attendance at a school for the deaf may be required.

The audiometric surveys will be conducted by a trained operator who will have the use of a county-owned car to facilitate transportation of the rather bulky equipment.

DISEASES AND DEFECTS.

(a) Incidence.

Of the 65,531 pupils examined at periodic medical inspections, 8,855 (or 13.5 per cent.) were found to be in need of treatment for 10,157 diseases and defects. Table II shows these diseases and defects from which it will be seen that 44.3 per cent. of them were defects of the nose and throat and of vision and squint.

1,347 cases of chronic tonsillitis and adenoids were recommended for treatment and 5,036 for observation following the medical inspection of the four age groups during 1951.

(b) Medical Re-examination and Follow-up Visits.

During 1951, Assistant Medical Officers carried out 14,509 special inspections and 19,106 re-inspections of children while 8,004 visits were paid by Health Visitors to the homes of the children with regard to the treatment of defects or diseases.

21,523 defects in need of treatment were discovered at the routine and special inspections in 1951 and 24,664 defects found in 1951 and in previous years were treated during the year.

(c) Malnutrition.

The Ministry of Education recognises three categories relating to the general condition of a child, viz. : A—Good, B—Fair, C—Poor. Where the general condition is shown as A, it is considered to be better than normal, where shown as B, normal or “fair,” and C, as being below normal or “poor.”

The number and percentage of children placed in each of these three categories for each age group examined during 1951 are given in Table II B.

(d) Cleanliness.

During the year 1951 the Health Visitors reported 2,234 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1947-1951 are given below :—

	1947	1948	1949	1950	1951
Number of visits to Schools by nurses for all purposes	16,167	15,638	14,529	14,742	13,672
Cases with nits in the hair	13,951	9,989	8,334	6,827	4,130
Cases with lice in the hair	1,019	887	539	466	240
Cases with verminous bodies	9	17	14	10	17
<i>Exclusions—</i>					
1st Time	1,134	1,031	683	642	513
2nd Time	213	176	86	114	111
3rd Time... ..	110	92	32	26	66

During the year, 14 cases of neglect to give proper attention to dirty or verminous conditions were referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspectors, all the cases improved and treatment was obtained.

By the end of the year, 159 children with dirty heads had been cleansed at the Cleansing Stations.

MEDICAL TREATMENT.

(a) Minor Ailments.

The principal ailments treated at the minor ailments clinics are Ringworm, Scabies, Impetigo, ear disease and external disease of the eyes. Details of the number of such cases treated are given in Table IV. The total number of minor ailments treated at the clinics during 1951 was 15,710 ; the corresponding figure in 1950 was 18,782.

(b) Eye Diseases, Defective Vision and Squint.

Table IV (Group 2) gives an analysis of the treatment provided for visual defects. Orthoptic treatment is the responsibility of the Regional Hospital Board and children requiring this are referred to those hospitals where facilities exist.

(c) Dental Defects.

Information concerning the school dental service will be found in the County Dental Surgeon's report on page 60 and in Table V.

(d) **Orthopaedic and Postural Defects.**

The clinics provided by the Committee at Guildford and Wimbledon and staffed by part-time orthopaedic surgeons continued to be held during the year and the following table shows the number of children treated :—

Clinic.	No. of Children Treated.	No. of Treatments.
Guildford, Stoko Road	97	127
Guildford, Stoughton	86	112
Wimbledon, Pelham Road	253	343

The following table shows the work undertaken by the Committee's physiotherapists at clinics and schools during the year. The defects treated by the physiotherapists were mainly flat feet, knock knees and postural defects.

Centre.	No. of Sessions During the Year	No. of New Cases Admitted.	No. of Cases Discharged
Ash	37	26	10
Carshalton	139	58	35
Caterham	75	65	76
Chertsey	37	19	18
Cranleigh	25	22	8
Egham	77	41	26
Godalming	37	44	14
Guildford, Stoke Road	73	52	58
Guildford, Stoughton	70	60	61
Haslemere	12	26	12
Horley... ..	80	43	44
Leatherhead	126	53	53
North Cheam	105	79	64
Oxted	81	19	22
Purley	125	164	135
Reigate	117	62	90
Wallington	200	114	80
Walton	61	31	14
Wimbledon	81	34	37

Other treatment as shown in Table IV is provided by Hospitals and private practitioners.

(e) **Diseases and Defects of Ear, Nose and Throat.**

The treatment of minor diseases of the ear, nose and throat were undertaken at minor ailment clinics and in addition the services of part-time Aural Consultants continued to be available in the Boroughs of Guildford and Wimbledon. Children requiring operative treatment were referred to the appropriate hospitals for their area. Details of such treatment are given in Table IV.

(f) **Ultra Violet Light Treatment.**

During 1951, 304 children made 3,742 attendances at artificial sunlight treatment clinics held at Guildford, Kingston, Mitcham, Cheam and Wallington.

HANDICAPPED PUPILS.

The Education Act, 1944, places on local education authorities the duty of ascertaining handicapped pupils in their areas and of providing for the special educational treatment of such children. These pupils are classified into the following categories :—

Blind.	Educationally Sub-Normal.
Partially sighted.	Epileptic.
Deaf.	Maladjusted.
Partially deaf.	Physically handicapped (i.e., crippled, severe heart disease, etc.).
Delicate.	Speech defect.
Diabetic.	

The following special schools and hostels are provided by the Education Committee :—

Educationally Sub-Normal Children.

- Gosden House, Bramley. (Boarding special school.)
- St. Nicholas, Redhill. (Boarding special school.)
- St. Christopher's, Mitcham. (Day.)

Delicate Children.

Barbara Edith Open Air School, Bletchingley. (Boarding special school.)
 Sunnydown, Guildford. (Boarding special school.)
 Kingston, Grange Road. (Day).

Deaf Children.

Portley House, Caterham. (Boarding special school.)

Maladjusted Children.

Starhurst Hostel, Dorking.
 Thornchase Hostel, Guildford.

The Committee is also responsible for the provision of education to the following Hospital Schools :—

Physically Handicapped.

Queen Mary's Hospital School, Carshalton.
 Rowley Bristow Orthopaedic Hospital School, Pyrford.
 Tadworth Court Hospital School, Tadworth.

Children found to be ineducable are reported to the Local Health Authority.

The following table shows the number of handicapped pupils who were in day or boarding special schools at the 31st December, 1951, with comparative figures for 1950 :—

Category.	1950			1951		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Blind	10	15	25	10	18	28
Partially sighted	25	15	40	22	13	35
Deaf	50	36	86	62	43	105
Partially deaf	10	11	21	8	11	19
Delicate	144	100	244	145	80	225
Diabetic	1	—	1	2	—	2
Educationally sub-normal	213	147	360	211	148	359
Epileptic	12	4	16	13	10	23
Maladjusted	52	17	69	90	25	115
Physically handicapped	98	55	153	91	77	168
Speech defect	1	2	3	1	1	2
Total	616	402	1,018	655	426	1,081

Of the 1,081 children, 495 were pupils in the Committee's own special schools and hostels, the remainder being accommodated in schools maintained by other Local Education Authorities, Voluntary Bodies or private managements.

In addition, 71 handicapped pupils were at the 31st December, 1951, being visited in their own homes by whole-time or part-time teachers and a further 77 children were being visited whilst receiving in-patient treatment in hospitals.

At the end of the year development plans included finding a larger property to replace Barbara Edith Open Air School; the opening of a new Secondary school for deaf children; the finding of two properties and the adaptation of a third property for purposes of day schools for educationally sub-normal children, and the acquisition of a property for physically handicapped pupils.

Convalescent Treatment.

265 children were admitted to Convalescent Homes during the year. The normal period of stay is from two to four weeks.

Tuberculosis.

During the year, consideration was given to the steps to be taken when it became known that children had been in contact with tuberculosis while attending school. To safeguard the interests and health of the children and staff the Committee decided in all cases where a school child or teacher is found to be suffering from tuberculosis, the fact shall be made known to all other members of the school staff and to the parents of the children known to have been in contact with the disease. All the contacts will be offered facilities to undergo appropriate medical examination.

SPECIAL FORMS OF TREATMENT.**(a) Child Guidance.**

The number of clinic sessions at Child Guidance Clinics continued at 40 sessions per week throughout the year, distributed as follows: a full-time clinic at Sutton and six sessions per week at the remaining five clinics at Guildford, Kingston, Reigate, Wimbledon and Woking. There is still a shortage of Psychiatric Social Workers and recruitment to these posts has proved difficult on that account.

Special efforts were made by all clinics to reduce the waiting lists and a careful selection was made of cases for treatment. In consequence the turnover of cases increased during the year and the number of cases under treatment at the end of the year and the numbers remaining on the waiting

list were both reduced. The increased demand for the service, noted last year, has, however, continued, the number of cases referred during the year having risen by 56.

The work in the Education Committee's two hostels for maladjusted children has been most encouraging. The Warden of Starhurst Hostel at Dorking, which has accommodation for 25 maladjusted boys of an age range 11-16, carried out, at the end of the year, a review of the boys discharged from the Hostel since September, 1949. Of the 32 boys who left the Hostel within this period 25 were considered to have benefited from their stay and to have been successfully treated thus :—

11 left to go home and to work. (This includes Average stay in Hostel—2½ years.

2 who have billets near Starhurst)

6 left to go home and to school Average stay—1¾ years.

2 went to further training. (Both were " In Average stay—3 years.

Care " and went to schools for normal boys)

1 went to Hostel for working boys and work. Stayed for 3 years.

(Without suitable home)

2 were admitted for short periods of observa- Average stay—3 months.

tion

3 were admitted pending further placement ... Average stay—3 months.

Only one of these 25 boys was removed from the Hostel by his parents. Five did not benefit sufficiently, thus :—

1 appeared in court, charged by his parent after 1 successful year at home—he is now settling down at home with the help of the Probation Officer.

1 appeared in court after 2 successful years at home—re-admission pending.

2 were subsequently re-admitted, and one of these discharged successfully. The other is still in the hostel.

1 appeared before the Court after being home for 6 months. This was an unsuitable case, and was recommended for Approved School training.

The average time spent in the Hostel by this group, one year.

The parents removed each of these five boys.

Two cases were found to be unsuitable, and left within their first week.

The following table gives details of the number of cases referred to and seen at the clinics during the past year.

CLINIC	Guildford	Kingston	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during year	170	121	115	189	117	91	803
No. of New Cases seen	144	92	99	164	100	96	695
No. of Cases Discharged	124	102	94	148	72	49	589
Analysis :—							
(a) Treatment Completed	53	42	55	48	18	27	243
(b) No Treatment Required	49	36	9	73	34	11	212
(c) Non Co-operation of Parents	9	8	8	23	14	5	67
(d) Other Arrangements Made	13	16	22	4	6	6	67
No. of Cases Under Treatment at End of Year	72	27	21	44	27	27	218
No. of Cases Under Supervision at End of Year	65	74	119	28	38	—	324
No. of Cases Withdrawn from Waiting List During Year... ..	34	21	13	43	24	18	153
No. of Cases Remaining on Waiting List at End of Year	35	41	21	33	33	10	173
No. of Interviews by Psychiatrists	1,418	846	901	1,657	796	902	6,520
Analysis :—							
(a) With Children for Examination	141	79	92	164	104	82	662
(b) With Children for Treatment	925	574	641	954	544	755	4,393
(c) With Parents	327	148	143	504	145	31	1,298
(d) With Others	25	45	25	35	3	34	167
No. of Sessions Held :—							
Psychiatrists	297	285	296	470	278	280	1,906
Educational Psychologists	298	282	212	470	221	280	1,763
Play Therapist	86	—	—	180	—	—	266
Psychiatric Social Workers	470	470	470	314	369	470	2,563

(b) Speech Defects.

There were 19 Speech Clinics in operation at the end of the year at which a total of 77 treatment sessions were held each week. Additional treatment sessions at Reigate Clinic were provided during the year. Regular sessions were also held at St. Nicholas Special School, Redhill, and at Gosden House Special School, Bramley.

Clinics.	Barnes.	Caterham.	Chertsey.	Egham.	Epsom.	Farnham.	Guildford.	Kingston.	Malden.	Mitcham.	Purley.	Reigate.	Richmond.	Sutton.	Wallington.	Walton.	Wimbledon.	Woking.	St. Nicholas Special School.	Gosden House Special School.	
Number of Sessions held :—																					
Treatment	79	160	113	82	156	74	357	118	146	247	87	122	132	162	182	156	162	278	76	68	3,080
Consultation	1	9	6	5	3	—	41	38	9	16	11	—	—	—	12	7	2	40	—	—	204
Number of Cases :—																					
On Register at beginning of year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	668
Added during year ...	11	19	12	13	25	10	31	12	38	44	26	26	15	31	31	24	26	24	7	19	455
Discharged during year ...	11	22	10	17	20	11	32	13	31	36	23	13	9	26	28	31	33	29	3	7	418
Remaining at end of year :—																					
Under treatment	18	18	21	19	40	15	53	21	55	53	39	45	21	59	37	43	67	32	15	18	705
Awaiting admission ...	16	4	2	16	16	7	29	33	8	35	6	8	15	2	6	35	10	24	7	—	291
To be admitted next year ...	4	4	1	6	4	3	—	—	9	12	6	3	10	5	5	13	7	8	3	—	103
Analysis of all cases treated during year :—																					
1. <i>Stammering</i>	9	11	11	7	25	10	28	13	27	35	16	20	11	20	16	23	22	20	5	6	347
2. <i>Defects of Articulation</i> :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	58
(a) <i>Dyslalia</i>	12	17	14	18	18	8	36	17	51	36	33	27	11	38	19	35	74	23	5	15	515
(b) <i>Rhinolalia</i> :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(i) Cleft palate	2	—	1	—	3	2	3	1	2	2	2	5	—	8	2	2	1	—	1	—	37
(ii) Nasal obstruction	—	—	—	1	—	—	—	—	—	1	—	1	—	2	1	—	—	—	—	—	6
(c) Cluttering	—	1	—	—	7	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	8
(d) <i>Idioglossia</i>	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
(e) <i>Dysarthria</i>	—	2	1	1	3	4	3	1	—	—	—	—	1	9	1	2	1	—	—	—	30
3. <i>Aphasia</i>	—	—	—	—	—	—	—	—	1	5	1	—	—	—	—	—	—	2	—	—	4
4. <i>Defect of Voice</i>	—	3	1	—	1	—	—	—	—	—	—	—	—	2	1	2	—	3	1	—	20
5. <i>Defective Speech due to</i> :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(a) <i>Amentia</i>	—	—	1	—	—	—	2	—	—	—	—	—	—	—	9	—	—	7	—	—	22
(b) <i>Deafness</i>	1	1	1	—	2	—	1	—	—	1	—	—	1	—	5	1	1	3	1	—	20
6. <i>Retarded Speech</i>	—	5	1	9	—	2	11	2	4	8	8	5	6	5	10	10	2	12	4	4	110
Analysis of cases discharged :—																					
<i>No. of children discharged during year who—</i>	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Achieved normal speech ...	8	12	4	3	9	1	5	2	18	20	9	7	1	14	13	12	23	9	2	—	174
Were greatly improved ...	1	5	3	6	6	5	13	7	8	10	8	2	7	4	7	11	4	16	—	1	131
Showed some improvement ...	—	3	1	5	4	3	9	4	2	3	5	1	1	3	2	6	4	2	1	3	65
Showed little or no improvement ...	2	2	2	3	1	2	5	—	3	3	1	3	—	5	6	2	2	2	—	3	48
No. of cases discharged during year :—																					
By Clinic	8	16	9	12	9	6	13	9	24	30	17	7	9	16	21	22	23	24	2	—	287
Because of non-co-operation of parents	1	3	1	1	7	2	6	1	2	3	4	4	—	4	3	5	5	2	—	—	54
Left district	1	2	—	3	4	—	10	2	3	2	2	1	—	—	1	—	3	2	1	4	42
Because of transfer to special schools	1	—	—	—	—	1	3	—	1	—	—	1	—	2	—	1	1	—	—	3	14
For other reasons	—	1	—	1	—	2	—	1	1	1	—	—	—	4	3	3	1	1	—	—	21

A total of 1,123 children received treatment at the clinics during the year as compared with 1,018 in 1950, mainly for stammer, lisp or undeveloped speech. Of these 174 were discharged as cured, 131 discharged greatly improved, 65 discharged as showing some improvement and 48 as showing little or no improvement. A table showing the work undertaken at these clinics during 1951 is given in the Appendix.

INFECTIOUS DISEASES.

The following tables give the number of notifications of cases by Head Teachers of schools and the total exclusions on account of the principal infectious diseases during 1951 :—

Disease.	Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions.
Small Pox	—	—	—	—
Diphtheria	1	—	1	2
Scarlet Fever	698	35	346	1,079
Enteric Fever	3	—	2	5
Measles	7,326	76	418	7,820
Whooping Cough	1,928	72	105	2,105
German Measles	1,138	12	65	1,215
Chicken-pox	4,452	41	141	4,634
Mumps	3,038	40	110	3,188
Jaundice	47	—	4	51
Other	314	7	23	344
Totals	18,945	283	1,215	20,443

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on Suspicion.	Total Exclusions.
Ringworm	27	—	27
Impetigo	21	—	21
Scabies	20	—	20
Other	14	—	14
Totals	82	—	82

DIPHTHERIA IMMUNISATION AND VACCINATION.

The responsibility for immunisation and vaccination is placed on the Local Health Authority by Section 26 of the National Health Service Act, 1946, and the County Council's scheme under the Section is described in the County Medical Officer's Annual Report.

One case of diphtheria in a school child was notified during the year.

PROMOTION OF HEALTH.

I am indebted to the Chief Education Officer for the notes under this heading.

(a) Physical Education in Schools.

During 1951 much emphasis has been placed on Refresher Courses for teachers in primary schools. Enthusiasm has been roused and there has been a definite improvement in the standard of work. In a number of cases and in spite of difficulties the amount of small apparatus has been considerably increased and modern methods have been established.

Though many playground surfaces are still poor, several have been resurfaced and this has made for greater safety but the provision of suitable footwear still remains a serious problem.

As far as swimming is concerned the situation remains much as last year. Where facilities are adequate and instruction good the work is going along steadily but this is by no means general and until more baths are available there is little hope of improvement.

(b) Open Air Education.

(i) SUMMER CAMP.—During 1951 the Henley Fort Camp was opened for 20 weeks. During this period no serious illness occurred. The following statistics are given for 1951 together with those for the preceding year :—

				1950 (29th Season)	1951 (30th Season)
Number of children	...	...	...	470	503
Number of teachers	...	...	...	27	27
Number of schools	...	...	...	10	9
Average cost of food per head per week				12/8½d.	12/11½d.
Number of weeks	...	...	...	18	20

(ii) SHEEPHATCH CAMP SCHOOL.

Throughout 1951 there was accommodation for 180 children and 15 teaching staff, together with a qualified nurse and permanent domestic staff. Children continued to be recruited voluntarily from all parts of the County from the age of 13½ upwards.

During April and May 1951 there was an outbreak of German measles. Otherwise the health at the Camp School continued to be excellent.

(c) Provision of Meals and Milk.

The following table gives statistics as to the number of school children receiving milk and mid-day meals :—

Nos. in Attendance December, 1951.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
142,955	91,759	6,894	122,399

All departments were being supplied with canteen meals at the end of the year.

The quality of the milk supplied continues to be of a satisfactory standard as regards safety and methods of supply ; nearly all schools received pasteurised, heat-treated or tuberculin tested milk delivered in one-third pint bottles with straws.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

During 1951, the Education Committee was responsible for the maintenance and training at residential institutions of 16 handicapped persons over special school leaving age.

EMPLOYMENT OF CHILDREN.

The examinations are undertaken by the Assistant Medical Officers at the Clinics nearest to the homes of the applicants. During the year 4,541 children were specially examined for this purpose ; 25 children were, on medical grounds, considered unfit to undertake part-time employment.

During the year special licences were applied for in respect of 131 pupils to take part in entertainments ; all were examined by Assistant Medical Officers and only one was found to be unfit.

REPORT OF THE COUNTY DENTAL SURGEON ON THE SCHOOL DENTAL SERVICE FOR THE YEAR 1951.**(a) General.**

In view of the continuing difficulty in recruiting dental officers the school dental service in Surrey continued to function in a comparatively satisfactory manner.

As will be noted in later parts of this report the Dental Service fell short of the recommended standard by a considerable margin. Nevertheless the staff of full-time and part-time dental officers with the valuable assistance of the dental attendants retained a reasonable control of the situation.

(b) Staff.

The establishment remained unchanged during the year save for the addition of one dental technician.

At 31st December the actual staff of dental surgeons consisted of 25 full-time officers and 16 part-time officers. Their value in terms of full-time officers was 31, a very slight increase on the 1950 figures.

Since the majority of officers gave part-time service to the care of mothers and young children, the approximate value of staff to the school dental service was 28 full-time officers—an improvement on the previous year but still six below establishment.

(c) Dental Inspections.

The total number of children receiving dental inspection either as routine or special cases was 126,456 out of a total school population at the end of the year of 151,908.

This shows an improvement in inspection rate from 77.7 per cent. in 1950 to 83.2 per cent. in 1951, which is accounted for by a slight increase of staff in conjunction with a lessened demand in the care of mothers and young children.

In about 50 per cent. of the clinic areas a full inspection programme was carried through. Of the remaining 50 per cent. where this was not accomplished, two areas in particular showed a large deficit. While a lack of staff may be held responsible for this, it should not be overlooked that the clinic accommodation in these two areas is inadequate. The inspection rate is regulated by the rate at which an individual dental officer can carry out his recommendations. Clinic accommodation is therefore a governing factor.

(d) Dental Treatment.

51.4 per cent. of the children inspected were offered treatment at County Council Clinics. Of these offers 66 per cent. were accepted by parents and annual returns indicate that that number of children were in fact treated.

Considerable variations in the interval between routine inspection and treatment occur in individual cases. Urgent cases are given immediate treatment. Less urgent treatment is in consequence delayed. Where the acceptance rate is high, the interval for the last child on a school list is greater. This lapse of time ranges from a negligible period up to 21 weeks, and averages over the County, seven weeks.

(e) Orthodontic Service.

The demands on this branch of the service continued to be heavy—so much so that difficulty was experienced in keeping a reasonable relationship between the time allotted to fillings and extractions which must be regarded as of first importance, and the time given to orthodontia.

The school service lost its one full-time orthodontist at the end of May. To keep the orthodontic branch within controllable limits it was necessary to reduce the intake of patients, and to increase the orthodontic time of some dental officers.

The majority of officers carried out some orthodontic work, and by the end of the year two part-time orthodontists were on the staff list.

The correction of dental irregularities, increasingly demanded by parents, is becoming a more essential part of the school dental service.

(f) Dental Health.

The assembly of statistics necessary for accurate assessment of the dental condition of all school children in the County would call for a large proportion of the dental officers' time for investigation and with a depleted staff, is not considered to be justifiable. In general it can be said that dental decay is still the most universal of human diseases, and that a good school dental service still constitutes the best form of attack. Regular inspection followed by treatment for repair and prevention remains the only hope of preserving the nation's dentition. Linked with this subject is the experiment now over a year old of the oral hygienist.

(g) Oral Hygienist.

The Annual Report for 1950 mentioned the recent addition to the dental staff of one oral hygienist. Comment on the value of the hygienist's function as part of the school dental service was at that time reserved.

It is now appropriate, after over a year's working to comment on this new part of the service.

It will be recalled that the hygienist's duties include the scaling and polishing of teeth, the application of caries deterrents in suitable cases, and the education of the patient in oral hygiene.

The operative branch of her work is carried out with a meticulous attention to detail and an extremity of patience, which only a specially trained person could be expected to exercise. In a few cases the immediate result may be mildly spectacular, but in many cases it may not be apparent. The work, however, is not done for its aesthetic appeal, but with a long view to the prevention of unhealthy conditions of the teeth and surrounding tissues by the removal of tooth deposits above and below the gum margin. It could be that the most effective part of the work is that which is least spectacular, and which, at the same time, calls for the greatest degree of skill and care.

The true result is the long-term one, and this depends for its success on the hygienist's repeated operative effort and the patient's habitual co-operation. The educative side of the hygienist's duties is intended to induce the patient's interest and so to establish him in correct habits of oral hygiene.

That the Council's oral hygienist is carrying out her duties according to its best principles there is no doubt. Neither is there doubt that her work is of value to the patient, or of value in a public health service. If dentistry is a branch of preventive medicine, the hygienist goes further by practising preventive dentistry. The work, however, is painstaking and therefore time-consuming. It cannot be hurried except at the expense of its advantages. One oral hygienist on a present assessment, could be fully occupied with cases referred by three dental officers. Work for more oral hygienists could be readily found, but accommodation has to be found first. Given this, and a full and stable staff of dental officers, oral hygienists are a desirable addition to that staff.

(h) The County Dental Laboratory.

By the end of 1951, the County Dental Laboratory had been operating for fifteen months. Report on its working is appropriate here since the greater part of the work done was in connection with the school service.

The function of the laboratory is to produce dental appliances prescribed by clinic dental officers in respect of expectant and nursing mothers and school children.

During the year the staff of three technicians (assisted late in the year by a partially trained apprentice) carried out a total of 1,913 mechanical operations, 85 per cent. of which were connected with the production of orthodontic appliances.

This output represents a very full effort on the part of the personnel of the laboratory over a year of continuous stress. The influx of work was at all times so heavy as to prevent quick completion, although about one-third of the County's mechanical work was still being sent to outside contractors. Obviously an increase of technical staff will be necessary to cope with the full demands of the clinics.

(i) Conclusion.

The supply of dental officers is still the greatest obstacle to the efficient organisation of the dental service. With a full complement of dental surgeons so much more could be done with so much greater public benefit.

Throughout the year the lack of young recruits was apparent. Though school dentistry is the foundation of true conservative dentistry, which is or should be, the aim of the profession, the young dental surgeon remains disinclined to accept this sphere as a career. This is no doubt due in part to the monetary advantage of other fields, but it is also due to the popular supposition, within the profession, that working conditions offered by local authorities are undesirable. This supposition has been arrived at over many years, when its premises were far from false.

To maintain the school dental service as it should be maintained, personnel must be attracted by a higher standard in buildings, equipment and other furnishings and a not too cautious approach to expenditure on their maintenance.

The dental officers and their chairside assistants have faithfully carried out their year's task, the difficulties of which it is impossible, without the inside knowledge derived from experience, fully to appreciate.

The laboratory staff are to be commended for a year's concentrated effort to keep abreast of the steadily increasing flow of work.

My personal thanks are due to all the members of the staff from centre to circumference, who with their helpful and understanding co-operation have supported me throughout the year.

D. M. McCLELLAND,

County Dental Surgeon.

16th June, 1952.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	19,174
Second Age Group	14,642
Third Age Group... ..	13,025
Total	46,841
Number of other Periodic Inspections	18,690
Grand Total	65,531
B.—OTHER INSPECTIONS.	
Number of Special Inspections... ..	14,509
Number of Re-Inspections	19,106
Total	33,615

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE Treatment (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants	105	2,331	2,404
Second Age Group	791	1,382	2,107
Third Age Group	728	1,010	1,661
Total (prescribed groups)	1,624	4,723	6,172
Other Periodic Inspections... ..	840	1,933	2,683
Grand Total	2,464	6,656	8,855

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring observation. (3)	Requiring treatment. (4)	Requiring observation. (5)
Skin	639	877	1,833	134
Eyes—				
(a) Vision	2,464	2,547	1,516	317
(b) Squint	630	590	134	76
(c) Other	305	339	546	92
Ears—				
(a) Hearing	117	350	87	71
(b) Otitis Media	91	353	67	25
(c) Other	111	166	239	64
Nose or Throat... ..	1,401	5,789	1,509	496
Speech	180	425	209	70
Cervical Glands... ..	191	2,204	65	126
Heart and Circulation... ..	359	1,070	102	112
Lungs	313	1,336	231	242
Developmental—				
(a) Hernia	58	149	20	9
(b) Other	31	483	33	40
Orthopaedic—				
(a) Posture... ..	614	1,209	168	101
(b) Flat foot	792	1,761	159	54
(c) Other	970	2,200	546	199
Nervous System—				
(a) Epilepsy	26	76	10	5
(b) Other	84	319	69	38
Psychological—				
(a) Development	35	290	55	67
(b) Stability	103	463	224	101
Other	643	1,489	3,544	663

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. (2).	No.	% of Col. (2).	No.	% of Col. (2).
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	19,174	7,894	41.17	10,798	56.33	482	2.51
Second Age Group	14,642	5,050	34.49	9,110	62.22	482	3.29
Third Age Group	13,025	4,824	37.04	7,917	60.78	280	2.15
Other Periodic Inspections ...	18,690	7,281	38.96	10,831	57.95	578	3.09
Total	65,531	25,049	38.22	38,656	58.99	1,822	2.78

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	355,676
(ii) Total number of individual pupils found to be infested	2,234
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	276
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANINESS, FOR WHICH SEE TABLE III).

	Number of cases treated or under treatment during year.	
	By the Authority.	Otherwise.
Ringworm—		
(i) Scalp	6	6
(ii) Body	35	—
Scabies	70	3
Impetigo	227	3
Other skin diseases	2,506	283
Total	2,844	295

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	1,542	54
Errors of Refraction (including squint)	8,247	410
Total	9,789	464
Number of pupils for whom spectacles were :—		
(a) Prescribed	5,384	156
(b) Obtained	3,305	108

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment :—		
(a) for diseases of the ear	—	13
(b) for adenoids and chronic tonsillitis	—	2,161
(c) for other nose and throat conditions	—	51
Received other forms of treatment	1,143	293
Total	1,143	2,518

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	193	—
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out patient departments... ..	2,387	1,436

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	490	39

GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ...	1,123	11

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	9,463	574
(b) Other than (a) above :—		
1. Cervical Glands	123	23
2. Heart and Circulation	259	66
3. Lungs... ..	232	190
4. Development... ..	38	44
5. Nervous System	66	60
Total	10,181	957

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—						
(a) Periodic age groups ...	...	...	...	...	...	111,845
(b) Specials ...	...	...	...	...	...	14,611
Total (1)...						<u>126,456</u>
(2) Number referred for treatment ...						
(3) Number actually treated ...	...	...	...	...	...	65,108
(4) Attendances made by pupils for treatment ...	...	...	...	...	...	49,623
						<u>98,209</u>
(5) Half-days devoted to :—						
Inspection ...	...	...	...	...	...	1,141 $\frac{1}{4}$
Treatment ...	...	...	...	...	...	10,940 $\frac{5}{6}$
Total (5)...						<u>12,082 $\frac{1}{12}$</u>
(6) Fillings :—						
Permanent Teeth...	...	...	...	...	...	52,721
Temporary Teeth...	...	...	...	...	...	6,993
Total (6)...						<u>59,714</u>
(7) Number of teeth filled :—						
Permanent Teeth...	...	...	...	...	...	48,336
Temporary Teeth...	...	...	...	...	...	6,759
Total (7)...						<u>55,095</u>
(8) Extractions :—						
Permanent Teeth...	...	...	...	...	...	9,167
Temporary Teeth...	...	...	...	...	...	45,482
Total (8)...						<u>54,649</u>
(9) Administration of general anaesthetics for extraction ...						
						<u>23,120</u>
(10) Other operations :—						
Permanent Teeth...	...	...	...	...	...	14,865
Temporary Teeth...	...	...	...	...	...	12,380
Total (10)						<u>27,245</u>